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Dr SKELTON'S

MIDWIFERY.

# MIDWIFERY;

## ITS COMPLICATIONS, DISEASES, &c.

DEDICATED TO THE

## MEMBERS OF THE FEMALE CLASS

OF THE

## British Hygienic & Domestic Medical Society

OF LONDON,

AND

## THE MIDWIVES AND MOTHERS

OF THE

## UNITED KINGDOM.

BY


# JOHN SKELTON, Senr.,

L.R.C.P. & L.M. Edin. L.F.P.S. Glas., and L.S.A. Lond.

*Author of "The Family Medical Adviser," "A Plea for Medical Botany," "Present and Future Medicine," &c. &c.*


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"In the early history of the world, woman alone officiated in child-birth. From the Scriptures, it appears that among the Jews the practice of Midwifery was exclusively confined to women."—Dr. Beach.

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LONDON:

PUBLISHED BY JOB CAUDWELL, 335, STRAND; AT OUR ESTABLISHMENTS, 105, GT. RUSSELL STREET, BLOOMSBURY, LONDON, W.C.; 148, BRIGGATE, LEEDS, AND 4, UNION TERRACE, PLYMOUTH.

MAY BE HAD ALSO OF OUR AGENTS.

PRICE TWO SHILLINGS AND SIXPENCE.

1865.



157. 12. 32.

PRINTED BY
G. MEYERS, GREAT COLLEGE STREET,
CAMDEN TOWN.

[Entered at Stationers' Hall.]

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# PREFACE.

In a little Work which we published some few years ago, on "Domestic Medicine," we said, speaking of a Preface, "If we were asked its use, we might say, it was to a book what a pathway was to a house." As with the one so with the other. The path is made after the house is finished; so is the preface; and the purpose in both is to conduct or lead us into the premises, in order that we may examine and satisfy ourselves of its merits.

And what simile or comparison can we make better calculated to impress a subject of such importance as the present upon the mind?

The Ancients compared the body of man to a "tabernacle," or dwelling-place, for the soul. An idea beautifully expressive and simple; and so our little offering on "Midwifery" is represented in the human body as emblematical of a "Tabernacle," which, like it, contains its different compartments, SACRED AND SET APART FOR DIVINE AND HOLY PURPOSES; each fitted for the whole, and the whole fitted to each, with every convenience and comfort necessary throughout life, from infancy to age. It is a tabernacle, however, not built with hands, nor is it changeable in its type and character like ordinary tabernacles in different ages of the world.

It is neither DORIC, IONIC, CORINTHIAN, GOTHIC, ROMAN, SAXON, NORMAN, MEDIÆVAL, ELIZABETHAN, nor GEORGIAN. True, it is built of "clay"; it possesses, however, a self-reparative and renewing power, and the material is ever within reach of its occupant, and ready for use.

"So GOD created man in his own image; in the image of GOD created he him: male and female created he them. And GOD said unto them, Be fruitful, and multiply, and replenish the earth, and subdue it: and have dominion over the fish of the sea, and over the fowl of the air, and over every living thing that moveth upon the face of the earth." Gen. i. 27, 28.

As the highest authority, and in order to place the subject beyond dispute, we have quoted the preceding verses. Yes! after "GOD's own image," the human tabernacle was first designed and made. "Let us make man in our image." And the purpose. What of that? "And God said, Be fruitful, and multiply, and replenish the earth." There can be no mistake here. To "replenish the earth" is an injunction laid upon us with the gift of life. Endowed with powers equal to the conditions necessary for continuing our race in health, in order that the earth, which is our inheritance, may be "subdued," or fitted for progressive life, the GREAT ARCHITECT requires no more from us than what we can beneficially and pleasurably perform. The conditions, however, which cannot be overlooked, or unheeded without danger, must be known before they can be appreciated, and therefore we seek to teach their importance. To reap the advantages of healthy vigorous life, the laws upon which life and health rest must be applied; if they are not, we risk the chances in our favour, and sacrifice, it may be, the ownership of our God-like habitation for ever.

"Dust thou art and unto dust thou shalt return," is the fiat of our CREATOR. Life is the prelude to death,

as death is the prelude to life;—LIFE renewed in our posterity, ever young,—ever hopeful,—ever advancing. How beautiful, and full of wisdom! Let us pause, and look at it calmly and enquiringly: MAN and WOMAN, the reflex of the Divine image, commissioned with the great work of transmitting (reflecting) that "image" in their posterity. What then is our duty? Evidently to "seek that we may find" the clue to unravel the mystery which has hitherto cast woman out into a wilderness of indifference, and made her life and the life of her offspring the sport of chance.

The relationship of woman to man as his MOTHER, and WIFE, is too lightly estimated; and the purpose of our work is to help her to understand herself, that she may pass unblushingly and safely through the trying ordeal which Providence, in the order and economy of nature, has assigned her; and we feel confident that greater than us will come to her rescue, when time and society shall remove the prejudices which now obstruct and darken the mind.

There is nothing mysterious or difficult in the work; nothing that woman may not do for her sex (whatever her position, or however humble and unlettered) with far more satisfaction and prudence than man. Why, then, may she not realise the blessing in store for her? The question comes home to US as members of a great and ennobling profession, and to MAN as a HUSBAND and FATHER. *Progression* already waits for us, *she* waits for *our progression*. Alone, woman is powerless; but with the lever which we propose to apply, she can be raised to her true position, and become the mother of a higher order of life. It is a work (so it appears to us) so *holy* that no sane man or woman can object to it; a work

so necessary and beneficial that nothing greater can be conceived; a work that the wisest may do with credit; a work which the affluent may do with honour; a work for the most humble,—for the palace,—the cottage,—for all time; and which none but *woman should or can righteously do*. Circumstances, it is true, have for the last two hundred years gradually forced the work upon us; but our efforts have failed to convince the thoughtful of its wisdom or ourselves of its justice. We *war with reason, instinct, and nature*, the best feelings of society, and true interest of our profession.

It is through this conviction, deeply impressed by reflection and experience, that we venture to submit our views. To relieve woman from the degradation which has overtaken her is not an easy, nor is it likely to prove a speedy task; it is a WORK, however, which MUST and WILL be done. For this we labour patiently, hopefully, and perseveringly, with full assurance and faith, in the belief that our feeble voice may awaken society, and the profession; *that they may employ their best influence to hasten the time of* WOMAN'S REDEMPTION *from the slavery of a fashion which interferes with her life and happiness* as the WIFE and MOTHER of a WISER and HEALTHIER race. The time, we have said, "must and will come;" and that our LITTLE BOOK may help to realise the blessing, is the prayer of the Author.

JOHN SKELTON.

105, GT. RUSSELL STREET,
BLOOMSBURY, W.C.
LONDON. *October*, 1, 1865.

# Dedication.

## A FEW WORDS TO THE PUBLIC.

It is a general custom with authors to secure the consent of some one or more, high in power, or of great influence, as patrons, whenever they are about to present a new work to the public. A well-known name is of more weight, very often, than the book; and but for such name the book, possibly, could scarcely secure an existence. Of course there can be no objection to this, nor to anything else that is honourable and calculated in any way to aid the success of anything in which the author himself has faith, even though his work should be worse than useless. In the present instance, you will see, good reader, that we have no great ones connected with us. Our patrons, with but few exceptions, belong to the poorer class, and on that account we have dedicated our little book on "Midwifery" to them. We promised when we undertook to form a school, which we did some three or four years ago, for the purpose of teaching, gratuitously, the principles contained in this work, that as soon as the members had made themselves acquainted with the subject through their attendance upon the lectures which we proposed giving during the winter sessions, that we would bring out a book, which we should dedicate to them as the "Members of the Female Class of the British Hygienic and Domestic Medical Society of London," and, through

them, to the midwives and mothers of the United Kingdom, which we have now done, and which book you are engaged in reading. This much we have told you, and, before saying anything immediately to our pupils, we may as well tell you a little more. Our reasons for forming the society already named (which embraces both a male and female class) we had arrived at from the conclusion that the proper way to prevent *quackery*, and make medicine what it really ought to be, was to teach it as a simple, practical art, which the people might understand, and apply to the diseases of their households whenever it might be necessary to do so. We did not assume that all could become doctors and midwives, but we did and do believe that if the working classes were taught, there would be found sufficient skill in their own ranks to meet the requirements of their diseases in a safer and far more satisfactory manner than they are now met. At the present time there are hundreds of *poor men* practising medicine agreeably with views held by thousands of their fellow-countrymen and women, earnest in faith, and hopeful for the future.

These study the laws of health; and when medicine is necessary, they take care to obtain the kind which they have "faith" in, and the man or woman to attend them whose views of disease and its remedies coincide with their own. This, we say, is now the case; to which we shall add the hundreds of poor women practising Midwifery throughout all parts of the country, and that up to the present time, no one has presumed to do anything to instruct them upon the subject. Here and there, it is true, a MIDWIFE may be found who has attended the Maternity or other hospitals, and obtained some little knowledge of the art, practically, but these

are as a drop compared to the hundreds who know but little, and are assumed to be beneath the notice of anybody. In this state they are allowed to remain, whilst *legal* physic looks jealously on until some poor unfortunate mother loses her life, and then it comes down from its high position and punishes the presumptuous ignorant wretch that dared to meddle with a profession requiring more than woman's skill. The press, equally dark, go in for "an example," and the poor Midwife is incarcerated or fined, and nothing further is heard, until some other case of a similar character occurs. It is time that the public should be enlightened upon this subject, and that the poor should be taught to do that well, which it is assumed, by the *wiser* in *physic*, they now do so ill. "People ought not to quack," say professors and wealthy well-meaning gentlemen and ladies; but they do, and will "quack" (if everything in physic not protected by the State and sanctioned by the Colleges is quackery); and since they will, how much more sensible it is to teach them to quack wisely than foolishly. It is cowardice of the most cruel and shocking kind to wink at evils that can be removed, and to punish offenders for doing what may easily be avoided. More than this we shall not consider it necessary to say to the public, so we leave you, kind reader, to speak to our pupils, who will understand us better than others unacquainted with our motives and objects possibly can do.

## TO OUR GRATEFUL AND ESTEEMED PUPILS.

Our first work is to speak of the book which we now put into your hands. You will readily understand its every part, because it has been made familiar to you for several winter sessions. You will

find no difficulty in carrying the process of *gestation* and *parturition* through, in your own minds, having not only heard it explained, and reflected deeply upon it, but many of you, being mothers, have tested it, and know by experience the truth upon which the book is based. You were mothers before you became members of our society, and have given birth to children since, and are therefore well prepared to judge and speak of its merits. To you, then, agreeably to promise, we dedicate it; and through you, to the *mothers* and *midwives* of the United Kingdom. It will refresh your memories whenever you require to refer to the subject, and bring back the remembrance of hours spent in the pursuit of that knowledge which, as wives and mothers, is the most important. We are not aware that the book contains a single idea new to you; the peculiar characteristic in the physical organization of your sex, importance of healthy LIFE, HYGIENE, CONCEPTION, QUICKENING, progress of GESTATION, ABORTION, MISCARRIAGE, PREMATURE LABOUR, DESCENDING PROCESS, PARTURITION, NATURAL and PRETERNATURAL, COMPLICATIONS, DISEASES, FOOD, MEDICINE, &c. &c. These the book will renew when we may not have the opportunity of speaking to you, and will speak again and again, whenever you can find a leisure hour to devote to it.

You will call up, in fancy, our illustrations, through the various representations which we were enabled to exhibit, and feel thankful for having had the opportunity of witnessing the gradual development or growth of the fœtal body. You can no longer be the dupes of ignorant designers, nor be led away by the assumed mysteries of those who unfortunately trade upon the general ignorance of your sex. You cannot, it is true, do otherwise than

grieve, as every good woman and man must, over the condition of the thousands of British wives and mothers who are sunk in the grossest darkness, and unable in time of nature's necessities to comprehend her powers, or direct or lend the most trifling aid. It has been our fate to witness poor mothers in the hour of labour all but lost, and women of fifty and sixty years of age so uninformed, as to stand by the bed-side of the sufferers waiting the arrival of the accoucheur to separate the child from the placenta; an affair so trifling that one could scarcely believe any woman ignorant of it; nor could we believe it possible that any gentleman could be so selfish as to find women in such a state, and, having charitably officiated for the patient, leave her wretched attendants just as dark as he found them, when a few kind words and a little instruction might have enabled them to be more useful upon similar occasions.

These evils, however, in your case are of the past; and the future has, we trust, many blessings in store for you and all other women. Things truly useful are generally of slow growth, but when once their importance is felt, necessity finds room for them.

Of the medicines introduced into the work, little need be said; you know their value, and know also that we have put them into their present form, and "patented" the greater part of them, in order to secure the sick from fraud. We alone are responsible for the medicines, facts, and recommendations, throughout the work; and if we left our preparations to others, or allowed them to be prepared as everyone pleased, we should neither be doing justice to the purchaser nor ourselves. "Patent Medicines," are not recognized by the profession, we know, but we confess that we cannot see the policy of

those who condemn the principle which regulates their sale. That the generality of "Patent Medicines" advertised and sold are injurious, and do a great deal more harm than good, we can readily believe, but the very fact of a floating capital of from two to two and a half millions of money being engaged in this traffic is the best evidence we can have of the necessity for more harmless and effective preparations. The wisdom of the question lies in accepting the principle as it exists, and superseding medicines that do harm, by those that do good; that is the logic of the subject; and in this, as in every other step which we take, our first endeavour should be to discover the right, and having found it, dare to do it, because we believe it. We condemn the use of *poisonous*, *metallic* and *mineral* medicines of every kind as being the cause of incalculable injury, and supply their place with those which experience has taught us to be equal in all respects to the merits which we claim for them; and with this conviction, as the result of long-tried experience, we insert the following list.

## Dr. SKELTON'S

## Patent Gestatory, Parturient, & other Medicines.

"'This is the Medicine of Nature."—Sir John Hill, M.D.

### Raspberry Leaves.

This is a very simple, beautiful, and most effective Parturient remedy. It is slightly astringent, and has a soothing as well as strengthening effect. It assists the

dilatation of the *uterus* and prevents hæmorrhage or flooding in patients predisposed to it. If the pains are "false," it will, if drunk freely, remove them; if "true," it will gently stimulate uterine action, and hasten the delivery. It should be prepared and drunk freely, as ordinary tea, throughout the labour.

## Patent Gestatory and Parturient Food.

*In Packets, Price* 1*s.* 1½*d. and* 2*s.* 9*d.*

This is one of the most beautiful preparations ever presented to mothers. It is highly nutritious and so easily assimilated that when no other food will sit upon the stomach, this will. It may be taken with advantage throughout the whole period of pregnancy; and if so taken will most certainly do much to render the labour shorter, easier, and safer. It alleviates morning sickness. A single teaspoonful prepared according to directions makes a teacupful of very nutritious food. It is equally beneficial for Infants, where, through extreme delicacy, or other causes, the mother is not in a condition to suckle the child. It is also highly useful to invalids, and as an injection or enema for constipated and inflamed bowels, womb, bladder, &c. &c.

## Patent Taraxacum or Dandelion Coffee.

*In Packets, Price* 1*s.* 1½*d. and* 2*s.* 9*d.*

This preparation contains all the Medicinal properties of the root, and a flavour equal in every respect to the best Mocha coffee. It acts upon the liver most beneficially; that is to say, it strengthens the system generally,

and yields a pleasant moisture to the mouth and tongue instead of the dry, parched feeling so often experienced after coffee. It is prepared and used exactly in the same manner as coffee.

## Composition Powder.

*In Packets, Price* 1*s. and* 2*s.*

This preparation is so well known among the people almost everywhere, that little need be said of its merits. To those who may not know it, however, we may say, it is a remedy of incalculable value, not only in its gestatory and parturient character, but as a general family beverage or medicine. To the delicate it is truly a treasure; to the exhausted, whether from labour, travail, or any other cause, it is equally so; to the total abstainer, who conscientiously objects to alcoholic stimulants, it is invaluable; to the reformed drunkard it is equally so. It removes colds and indisposition generally. It strengthens the weak; relieves and cheers the spirits of the depressed. It may be used as a beverage with the meals during the day, at any time when necessary. It may be also prepared as a *cordial*, and drunk in the family circle, or with friends by the fireside, during the winter evenings; upon going out early to work, and upon returning after the day's labour. It is used to strengthen the system during pregnancy, and also during labour. It acts as a natural stimulant, but at the same time creates the blood which it calls into action. It is in fact both food and medicine, and nothing that we can say is equal to its value. For uses, see printed directions.

## Female Corrective Powder.

*In Packets, Price* 1*s. and* 2*s.*

This preparation has long been used by Dr. Skelton in his private practice, and is well known generally, particularly in the manufacturing districts. In all female obstructions and irregularities it is most beneficial. In "green-sickness," or "retention of the menses," "obstruction," "suppression," "irregular" and "painful menstruation" it may be used with equal advantage. It should be taken hot, at bedtime, in Pennyroyal tea; and also during the day, according to printed directions.

## Female Restorative Powder.

*In Packets, Price* 1*s. and* 2*s.*

This is one of the most valuable preparations ever introduced into the practice of medicine. It is used in all cases of extreme weakness, where, from a relaxed and delicate condition of the system generally, the menses are in excess; also in hæmorrhage either during or after labour. Females who suffer much from excessive menstruation are always liable to other diseases, such as hysteria, or nervous disease, indigestion, loss of appetite, tic-doloureux, consumption, &c. It is, therefore, extremely important to attend to it before it has reduced the system too low. In flooding, either before, during labour, or after it, it should be taken according to directions. In excessive discharge of the lochia, after labour, it may be taken daily in the same way, and also in whites, and in the cases already named.

## Anti-spasmodic Powder.

*In Packets, Price* 1*s.* *and* 2*s.*

This preparation has been used by Dr. Skelton for many years, and is one of the most harmless, effective, and useful that can possibly be employed. In tic-douloureux, spasms, headache, pains in the face, and toothache, it is most efficient. It is highly beneficial in after-pains, and spasmodic pains during labour, and from irregular or "hour-glass" contraction of the uterus, convulsions, &c. Use according to printed directions.

## Hœmorrhoidal or Pile Powder.

*In Packets, Price* 1*s.* *and* 2*s.*

Many females suffer very much from this distressing and painful affection during pregnancy. We have thought it right, therefore, to introduce the powder; not now for the first time; it has been in constant use in our private practice for years. The disease is generally aggravated by ordinary medicines; this, on the contrary, soothes, relieves, and cures, whether they are blind or bleeding piles. For bleeding piles, prepare the powder according to printed directions. Foment externally with Yarrow, and apply and keep on cloths, wet with the same, all night. For blind piles use the powder alone. Purgative medicines and pills of every kind must be avoided. Prunes, boiled pears and apples, figs, preserved rhubarb, and treacle, may be used freely if the bowels require moving. In general,

however, the Pile Powder answers every purpose. If the piles are blind, and seated high up the rectum, an enema of the "Patent Gestatory and Parturient Food" may be used daily; generally speaking, however, enemas or injections cannot be given, in consequence of the extreme pain occasioned by passing the end of the instrument.

## Gestatory or Stomach Pills (two-grain).

*Price* 1*s.* *and* 2*s.* *per Box.*

This is a very efficient Pill in morning sickness, pain after eating, wind or flatulency in the stomach. One or two may be taken after meals with great advantage. They simply act on the stomach, not on the bowels.

## Female Corrective Pills.

*Price* 1*s.* *and* 2*s.* *per Box.*

This Pill is most excellent in obstructions of the menses, and may be used to assist the action of the "Female Corrective Powder." Two may be taken at bedtime. They are not to be taken during pregnancy.

## Patent Family Pills.

*Price* 1*s.* 1½*d.* *and* 2*s.* 9*d.* *per Box.*

These Pills have been long tried by thousands of families in the United Kingdom, and as a general family medicine surpass every other preparation. They are very efficient, and may be taken at any time by the most delicate, whether pregnant or not, with perfect

safety. It is the only pill, in fact, that should be taken during pregnancy. (See Patent Family Medicines.)

## Patent Gestatory or Parturient Tincture.

*Price* 1*s.* 1½*d. and* 2*s.* 9*d. per Bottle.*

This is a compound preparation from the *Cimicifuga*, Squaw root or Cohosh; its action upon the uterus is truly astonishing. It should be used, however, only when needed, as all others should be; that is to say in lingering, tedious labours; and then only when the *os uteri*, or mouth of the womb, is fully dilated. It obviates the use of Ergot of Rye, the Forceps, or any other application.

## Patent Neurotine or Anti-spasmodic Tincture.

*Price* 1*s.* 1½*d. and* 2*s.* 9*d. per Bottle.*

In hysterical disease, tic-doloureux, spasms, palpitation of the heart, morning sickness, wind on the stomach, after-pains, &c., it is invaluable.

## Patent Cetaceum or All-healing Ointment.

*Price* 1*s.* 1½*d. and* 2*s.* 9*d. per Box.*

This Ointment, unlike the strong preparations of Mercury and Zinc so universally employed, cures by its specific action upon the blood and by cleansing the skin of all impurities. For uses, see printed list.

## Patent Traumatic or Wound Balsam.

*Price* 1*s.* 1½*d. and* 2*s.* 9*d. per Bottle.*

Excellent in chapped or sore nipples, and wounds of every kind, and most invaluable used as an injection in leucorrhœa or whites, and discharges from the vagina.

## Patent Pulmonary Lozenges.

*Price* 1*s.* 1½*d. and* 2*s.* 9*d. per Box.*

Nothing that has yet been discovered can be compared with these Lozenges in their beneficial action upon all diseases of the respiratory organs; so simple that they may be administered with the most perfect safety to the youngest children, yet sufficiently strong to arrest the progress of many of the most formidable pulmonary complaints, whether cough, croup, hooping-cough, pneumonia, pleurisy, asthma, difficulty of breathing, and that fell disease consumption, of which over 60,000 die annually in England.

## Patent Renal, Rheumatic, and Gout Pills.

*Price* 1*s.* 1½*d. and* 2*s.* 9*d. per Box.*

Long experience has proved the excellence of these Pills. For pains in the back, loins, and kidneys, obstruction of the urine, disease of the bladder, rheumatism, gout and lumbago, they are most certain in their action, and may be taken with every confidence and safety. Hundreds of the very worst forms of the above complaints have been cured by a persevering course, whilst slight cases are invariably relieved in a few days.

## Patent Cystic or Hepatic Drops.

*Price* 1*s.* 1½*d. and* 2*s.* 9*d. per Bottle.*

Many years' administration of this valuable compound has induced Dr. Skelton to place it among his patent family medicines, as being indispensable for all diseases connected with the liver, spleen, and mesentery. It exerts a special influence on the whole glandular system, and may be administered with as much success and safety

to the young infant as to the adult. It may be used in all those forms of disease for which mercury is so generally employed, and is far more efficacious and safe in its action than that destructive metal. In chronic disease of the liver it is truly valuable, even the most obstinate cases yielding to its action. If given in the early stages of bilious and typhus fevers, combined with a powerful diaphoretic, it will generally break up the disease at once. It is equally valuable in jaundice, and can be employed with advantage in all forms of dropsy, dysentery, and diarrhœa, arising from disease of the liver. A very few doses relieve ordinary bilious attacks.

## Patent Purifying or Alterative Drops.

*Price* 1*s.* 1½*d. and* 2*s.* 9*d. per Bottle.*

This is one of the most simple and effective preparations for all diseases of the skin, whether Purpura, or scurvy; Eczema, or humid sores; Herpes, or dry scaly tetter; Impetigo, or running tetter; Ringworm, (*Tinea capitis*), or scald head, or any other form of skin disease. The simplicity of the medicine, coupled with its effects, is astonishing. It is truly an alterative or purifying medicine, and entirely supersedes the use of mercury, iodine, and arsenic, so universally prescribed in the old practice, to the ruin of the constitution.

NOTE.—The printed directions for the whole of the Medicines recommended will be found with each preparation.

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# MIDWIFERY;

## ITS COMPLICATIONS, DISEASES, &c.

### CHAPTER I.

#### PRELIMINARY REMARKS.

THERE is no subject more necessary to the education of woman than that of "Midwifery," for the reason that it lies at the foundation of her domestic and individual life, embracing in its range and application, the happiness, health and security of families and nations. The purpose of this Work, therefore, is to teach that which every mother ought to know; and as we write with the impression that it will become a "household book," particularly with the poor, there needs no apology for seeking to do that for woman, which, when taught, she can better do for her sex, than the opposite sex can do for her. That if so "taught" she is equal to the task which reason and humanity assign her, few will venture to dispute. The objection offered, if any, is, that she is not sufficiently enlightened, and consequently without the requisite knowledge; that wanting this, she has not confidence in herself, and is therefore unfitted for officiating in parturition, or child-bearing, and that for these reasons the office of accoucheur has, by common consent, been consigned to man.

To this argument we shall offer no objection; seeing, however, that the time was, and that not so long since, when woman was equal to the work, and did it, we see no reason why she may not be equal to it again. Fashion

doubtless rules in midwifery as in most other things; and as "fashion" is continually changing, it is quite possible (and we hope to be excused for believing it) that the change may be nearer than some who fancy themselves interested in the present condition of woman care to see. It has been our good fortune to know practically what the qualifications of successful practice are, and also to know very many eminent men and women equally experienced, to which we may add, that we have known many highly intelligent mothers, both in a healthy and delicate state, who have been attended in labour by male and female "accoucheurs," but we know of no case where the opportunity has occurred for them to impartially decide, in which the preference has not been given to the female; hence it is, that wherever she has once officiated, there her services have been generally afterwards sought. This which is the general rule, added to the fact, that, within the last twenty years very many women, particularly among the poorer classes, have arisen whose practice has become extensive and successful, must be our reason for seeking to extend the change which is daily proving itself so advantageous. From these remarks, our purpose may be readily seen. We aim to teach woman, that she may be able to help herself and others in those seasons of trial which none can so well understand as herself, and for which she is so well fitted.

In discussing the capabilities of "woman," therefore, for practising a branch of our profession, for which it appears she is in every way adapted, if, in so doing, it may be thought by some of our brethren in practice to interfere with their particular interests, our reply is, we know of no "interest" that should stand in the way of such an important work.

In this, as in every other aim, our object is the good of society; and in proportion as that good is promoted, so must our profession be benefited. We have no ambition but to be useful, and have always felt best employed in helping those who stood in need of it. Our Work, therefore, is one of love and duty, and we do it with the conviction that it will prove not only a blessing to mothers in general, but to their families and others who may take advantage of its teaching. To all, therefore, who would know how to be useful during the periods

of gestation (pregnancy) and parturition (confinement, or child-birth), we offer, in confidence, our little book. It contains just the necessary knowledge which they stand in need of, and which may be easily acquired by any ordinary mind. "READ, MARK, LEARN, AND INWARDLY DIGEST" it, and you will acquire confidence in nature, and yourselves. "Knowledge," it has ever been admitted, "is power," but what "knowledge," we may fairly ask, can compare with that which we now offer? As a wife and mother, woman must ever take the most important part in the physical and social construction and well-being of society; her education, particularly in such branches as apply to the happiness and health of herself and household, cannot be neglected without the loss of many precious advantages. Beyond all other teaching, we say again, that which we now seek to apply is a thousand times more valuable than any other. Without it, however refined, or whatever position woman may hold, she cannot be other than the sport of chance. Disease, injury, or death may assail her, in either case she is as helpless as unconscious. Acutely sensitive in trifles, enlightened and intelligent in the conventional usages and education of society, but *dead* in the knowledge of herself. With it, and with God's help which ever follow in the footsteps of wisdom, she may become the recipient of blessings incalculable. Riches, it is true, may not be hers, but ignorance, though abounding in wealth is incapable of commanding the enjoyments of even poverty, if redeemed by a cultivated mind. To all our countrywomen, therefore, without regard to class, we recommend the study of this most necessary subject; but more especially do we commend it to the poor, with the sincere desire that it may become a blessing to their households, and may God grant them the desire to understand, and inspire them with courage to apply it in their hours of travail.

## CHAPTER II.

### CONDITIONS OF CHILD-BEARING.

In a little work which we wrote some few years ago upon the subject of "Hygiene and Domestic Medicine," we devoted a chapter to the consideration of LIFE and HEALTH, from which we now make an extract; and this we do because nothing that we may say can apply so well to our present subject. We recommend it therefore to our readers.

"The *basis* or *foundation*, of matured health must be laid in the *physical structure* of the *infant*, derived from sound healthful parents; and surely a subject so closely connected with our best interests, is too valuable to be neglected. It is, however, a *strange truth*, that the false notions existing in society render this most interesting and truly valuable science, in its application to MAN, ALL BUT A DEAD LETTER; whilst as regards the *inferior animals* it is considered of the highest importance. The very many useful works written upon the *science of human life*, and the *prize cattle shows* held annually in almost every town throughout the kingdom, patronized by the nobility of the land, and which the fairest and noblest of our *British Ladies honour with their presence*, may surely be some excuse for seeking to bring our thoughts more to the study of ourselves.

As regards the conditions of sound vigorous health, let every *father and mother* remember that it is an obligation and a duty, equally incumbent upon each,—*taught in the code of* GOD'S *eternal* LAWS, as well as in the *sacred Scriptures*,—and which we cannot overlook with safety, either to ourselves or posperity. 'For I the LORD thy GOD am a jealous God, visiting the iniquities of the fathers upon the children, even unto the third and fourth generation of them that hate me, and shewing mercy unto thousands of them that love me and keep my commandments.' That this is a *great* and most *important physical truth*, we may be convinced by looking at the thousands of *miserable diseased wretched creatures* that crowd our streets; human beings in whom the *vital force is just sufficient to produce lazy, loathsome, useless animation*, without any of the delicious sensations known only to the healthful. 'Creatures brought into this breathing world scarce half made up;' and see many of these again entering into a married state, without the least knowledge or thought of future consequences."

In addition to this we shall add the following, quoted from an article which appeared in the "Domestic Medical Journal" of December 1864.

"Man and woman without health are incapable of fulfilling the duties and obligations of life with satisfaction to themselves,

their household, or society; and equally unfitted for the fulfilment of the 'divine law,' or if in a diseased state the 'law' should be fulfilled, the germ of 'life' so transmitted being in an impure or imperfect state, the 'life' so begotten, must be equally diseased."

From these remarks it will be seen at once what our views are regarding the first great condition of child-bearing; and as we "cannot gather grapes of thorns, nor figs of thistles," because it is contrary to the order and economy of nature, so for the same reason we "cannot reap where we have not sown;" or in other words, *if the conditions established by the Creator in the constitution of man* (of which man is the conserver or destroyer) *for the continuation and replenishing of human life be violated, overlooked or unheeded, and the "blood which is the life" has become diseased, it is impossible, seeing that the fountain is corrupt, for us to reflect or transmit health to our children.*

Were we writing a book simply for the sake of its sale, or for the use of medical schools instead of for the practical use and benefit of mothers, we might leave this part of our subject untouched; we should know that the young male student would have to undergo a severe examination before some one of the corporate bodies duly appointed by the legislature to grant licenses to practise midwifery. As a preliminary to the more practical and deeper parts of the study, therefore, we should be expected to describe the osseous or bony structure of the pelvis (hip bones), the chief characteristics of the male from that of the female; the circumference, transverse and oblique diameters; dimensions from the pubes (front) to the sacrum (back); size of outlet, &c., &c., with a thousand other things too numerous to mention, and which are by no means necessary to our class of students, for all practitioners know, if they know anything at all, that however necessary it may be considered by professors to teach this, it is rarely of any practical value. Experience and the eye are the best guides in diagnosis (detecting the condition of your patient), in nearly all ordinary cases of child-bearing. A good condition of body is the standard which the experienced midwife sets up, upon which, and through the gradations, from that, to delicacy and disease, she makes her calculations. She has never measured a "pelvis," nor knows anything of its dimen-

sions; cannot say a word concerning the fœtal head, nor of its size; nor can she even name its bones, or the bones of the pelvic outlet through which it passes; has never heard of the *Graafian vesicle, structure of the ovum,* nor *corpus luteum,* &c. &c.; and yet she is quick to detect the favourable and unfavourable points in every case; is well up in practise, and keen in perception. She knows that a clear skin, bright eye, cheerful smile, and elasticity of movement, are pretty certain marks of health, and also that a well-made hip and nicely developed chest are indications of safety and satisfaction in child-bearing; although she knows nothing of *pelvic deformity, mollities ossium,* nor any of those particular conditions incompatible with natural labour, she can detect at a glance the favourable points in the female she is called upon to attend, and with equal quickness the unfavourable, whether she be well-made or a cripple. Where health and symmetry are, she is free from anxiety or doubt, for she knows their importance; and even where there is a serious departure from these conditions, so requisite to the welfare of the mother and child, fears do not disturb her, for she has seen what nature has done in the numerous cases which have come under her care, and has equal confidence in the future, and thus confidently trusting, waiting and helping, she rarely or never fails to come off victorious.

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## CHAPTER III.

### OF CONCEPTION AND ITS SIGNS.

Of the nature of "conception" we can say but little; and that simply because nothing positive is known concerning it. Writers in all ages have speculated freely, but beyond curiosity and the mere gratification of fancy there is nothing that can be considered of any practical use. "Be fruitful and multiply, and replenish the earth," was the command given to man and woman, by the Creator; and at certain periods of life we are incited by the powerful instinct of love to fulfil the Divine obligation. In replenishing, or continuing life, therefore, *we do but follow as* nature and God direct; and were we

to write until our Book exceeded in magnitude the greatest publications of the kind ever put together, we could teach nothing more. The various organs of our bodies are fitted for fulfilling the different and varied functions which they are called upon to perform, which, if wisely directed or properly used, lead to the happiness and security of the being of which they are a part. Agreeably, therefore with the law of love, excited within us by the forces of life, the new creature commences that existence of which conception must be considered as the first step. But at what moment, it may be asked, does conception take place, or how is it effected? for we are very curious to know this. We can only confess our ignorance, and say again, "we know nothing about it." We may have our theories, as wiser men have had, or we might give, if it were of any use, the prevailing ideas of the present and past, but it could lead to no good. Life is the gift of the Creator, and too subtle for human comprehension. It is not given us to know the nature of the life of even a blade of grass, or a grain of wheat; we may, it is true, analyze the material substance, and explain the qualities of the constituent parts, but "life" must ever elude our research. Its conditions, however, are ours, and these properly understood constitute the secret of HEALTH, SECURITY, and HAPPINESS. They come legitimately within the range of our capacities, and are of such importance that the wealth of kingdoms are as nothing to them in value, if wisely applied by INDIVIDUALS, FAMILIES and NATIONS.

At what moment conception takes place, we have said, cannot be positively determined. This we shall slightly modify, seeing that there are some women whose sensibility is so acute that they can speak with all but certainty, and consequently tell almost the hour when their delivery will take place. These are rare exceptions, however, to which the generality of the sex are strangers, and we can only accept it as a sign better known to the woman herself than to any other. In speaking of the signs of conception, therefore, we begin with the ordinary or rational; the first of which, as a general rule, is the stoppage of the *menses* or monthly terms. Of these, as a feature in the constitution of woman, it is not necessary to speak, since every female, after a certain age (variable according to climate, constitution, &c.), is prac-

tically acquainted with this peculiarity of her life: presuming therefore that she is not passing through the period of lactation or suckling, and in the enjoyment of good health, if after the fulfilment of the vital or natural law this function ceases, we accept it as a sign that conception may have taken place, particularly if cessation be followed with morning sickness, which may also be accepted as a sign, even apart from the former; for it sometimes happens, particularly in females of clear complexion and delicate constitution, that the "terms" continue regularly for the first *two*, *three*, or *four* months, although not so copious, whilst in very rare cases a slight "show" may continue throughout the whole period of pregnancy. If to these two ordinary or rational signs we add the darkening or discolouration of the *areola* around the nipple, and gradual enlargement of the breast which takes place soon after conception, our suspicions may reasonably be accepted as approaching to certainty, and we can venture to receive it and decide accordingly.

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## CHAPTER IV.

### PREGNANCY OR GESTATION, ITS PROGRESS, &c.

PREGNANCY and its signs are much more positive in their character than the signs of conception, and consequently easier to be distinguished. If we consider the changes externally manifested from the rapid growth of the uterus or womb alone, we shall be satisfied of this. The virgin uterus rarely exceeds an ounce in weight, whilst the same organ after impregnation and a period of 280 days has so enlarged and become fitted for the duties which it has to fulfil, that, taken as a whole with its contents, it will weigh upon an average twelve pounds; or if taken after the expulsion of its contents, about twenty-four ounces; thus increasing in its uterine density nearly three ounces monthly, and in its gravid or entire density rather over one pound and a quarter in the same time. Of the general signs of pregnancy, little need be said, for, though often variable, they are nevertheless familiar to all child-bearing, as well as the generality of women. Beyond the general enlargement of the abdomen, increase in the size of the breasts or mam-

mary glands, rising of the womb, or "quickening," cessation of, or variableness of morning sickness, there is nothing of any moment.

The male medical student at the commencement of college life, knows nothing but what he must learn from Books or Professors of Obstetrics (art of Midwifery), and therefore has to be taught a thousand things which woman from her very constitution is compelled to know. To the former, the knowledge, when obtained, must be entirely theoretical before it can become practical, whilst to the latter it is both natural and practical, even though she may see it advantageous to reduce it to theory afterwards. Of the minutiæ to which so much importance is generally attached, that is to say, the changes which take place in the *os uteri* (mouth of the womb) monthly, and which can be known only by the touch, or practical examination, we shall say nothing. Nature will do all that is necessary, from conception to parturition, far better without our interference than with it. In certain diseased conditions of the vagina and womb it is doubtless necessary to know the exact state of the parts, and in all such cases careful examination is necessary; but where there is no reason to suspect anything abnormal (irregular or unnatural), it is altogether mischievous to assume upon its utility. Apart, therefore, from the contingents or complications which may or may not arise in the progress of pregnancy and parturition, there is nothing in the study but what the most humble and unlettered woman may practically master. From beginning to end we see in it the simple workings of nature, and from practical experience feel assured that the majority of the difficulties attached to it by our own class arise more from undue interference, impatience, vanity, and fanciful assumption than from any other cause. From conception or impregnation we trace the growth of fœtal life. Stage by stage it passes from the smallest *speck* or *germ* within the matrix or womb so wonderfully contrived and fitted for its reception, growth, and expulsion. Day by day it is thus prepared for its future existence; and now that the birth of the newly created creature, so "fearfully and wonderfully made," is at hand, nature, true to her mission, and equal to the completion of the work, so gradually and beautifully carried on from the beginning, commences the process

of delivery, and as the fruit falls from the parent tree when ripe, so the fœtus falls. It now begins the DESCENDING PROCESS, that is to say, for two or three days prior to delivery, the abdomen has been changing its form. It has presented throughout a ball-like appearance, beginning low down in the Pelvis and completing its dimensions within the abdomen from the *Pubes*, or lowest part, to the *Sternum*, or highest. Now the rotundity of the upper part has passed more to the lower, whilst the Pelvis again receives its portion of the contents; hence the *weariness*, *cramp*, *weight*, and *irregular grinding* and *bearing-down pains* of which the mother complains. These then are the signs which generally precede the actual delivery which we now proceed to consider.

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## CHAPTER V.

### LABOUR, ITS CLASSES AND STAGES.

EVERY experienced accoucheur or midwife knows that labour, like conception and gestation, is but the termination of certain processes, or stages of a process, and although it has been found convenient to divide it, that nevertheless it must be accepted and conducted throughout in its unity, we may as well say at once then, that the opinions of the very best writers upon the subject have been, and are, extremely various, and often very perplexing; some dividing labour into as many as eight classes, &c., whilst others again make only two. Denman's arrangement has been accepted by many as the most convenient; and if we were inclined to copy from any, it would be from him; we cannot however see that even his, which we confess is the most natural, will sufficiently answer our purpose. Like him, we divide labour into four classes, which we shall state as follows. 1st, NATURAL; 2nd, NATURAL but LINGERING; 3rd, PRETERNATURAL; and 4th, PRETERNATURAL but DIFFICULT.

By "Natural" we mean all cases where the head, which is the first to come into the world, is followed within a proper period by the body, in regular order, without obstruction, or difficulty, and when the placenta or after-birth follows with equal facility.

By "Natural but lingering," we also mean where the head presents, but where, from deficiency of vital action throughout the period of gestation or pregnancy, or some other cause, the muscular force of the uterus and abdominal muscles are unequal to the rapid expulsive efforts of the "natural," where from the want of that supply of healthy blood, from which the body is sustained and prepared for its mission, the parts are incapable of expansion and lubrication, and where, as a consequence, more time and patience are necessary in completing the delivery.

By "Preternatural," we mean all cases where the head is not the first to come into the world, but where the FOOT or FEET, KNEES, BREECH, SHOULDER, ARM, or ARMS, or other part presents, and precedes the passage of the head, or in other words all cases where the head is born *last* instead of *first*.

By "Preternatural but difficult," we mean all the cases of presentation named in the last, to which difficulties more than ordinary are attached, arising from the causes named in "natural but lingering labour," as well as from many other causes which we shall find it necessary to point out when we direct attention to them practically.

The standard or criterion by which to comprehend the "lingering, difficult, and preternatural," is the "natural;" and the student will find it easy to retain the details if he can be made to grasp the general principles. Before proceeding therefore to explain the process of labour, we must say a few words concerning its stages.

By "Stages" we mean simply processes of labour, and it is merely for the sake of impressing or fixing the whole with more ease upon the mind that we so divide it; beyond this there is no practical good in it whatever. We shall consider the "stages," therefore, under three heads. 1st, The DILATATORY, or Preparatory Stage; 2nd, The EXPULSORY Stage, and 3rd, The PLACENTAL Stage.

By the "Dilatatory or preparatory," we mean that stage which precedes the birth, in which the *os uteri* (mouth of the womb) vagina, labiæ and perineum (parts immediately connected with labour) are prepared for its completion.

By the "Expulsory" we mean the actual labour stage, or birth of the child.

By the "Placental," we mean the stage which com-

pletes the labour, in the passage of the after-birth or Placenta.

For all practical purposes the classes and stages of parturition or labour here given are sufficient, and if the student will endeavour to fix them in the mind, she will find them of the greatest advantage in the further prosecution of her studies.

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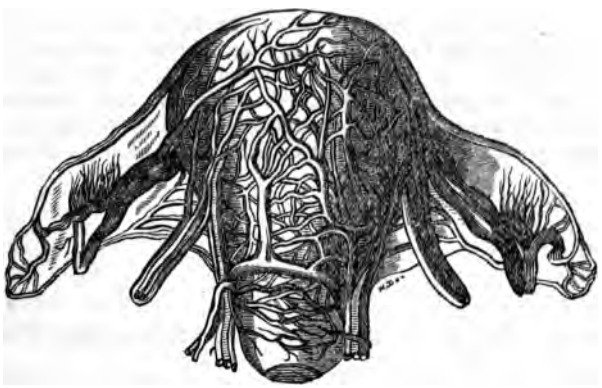
## CHAPTER VI.

### PRELIMINARY REMARKS ON NATURAL LABOUR.

BEFORE proceeding to describe the process of natural labour, the student will do well to turn to page 10, and notice what has been said concerning the "descending process." If she does so, she may take up the idea and carry it on to the end without any difficulty. Observe also what has been said of weariness, weight, cramp, and irregular grinding and bearing-down pains. Now this descending process, &c. &c., must be accepted not as the beginning of actual labour, but as the signs preceding it; nor must they be thought to be always uniform. On the contrary, there are cases where the pains are so very slight as scarcely to be perceived; whilst in others they are so severe, as to lead often to the belief that labour has actually commenced. They are, however, simply the premonitory symptoms or warnings, telling us to prepare for the more positive signs, which may be even then much nearer than we suppose. Natural labour begins, therefore, as do all labours, where pregnancy or gestation ends; and the signs of which we have already spoken are not, as we have said, those which belong to it in its active process. These symptoms must not be confounded, therefore, with those of *true labour*, and it is of importance to bear this in mind. The pains hitherto spoken of as preceding the more severe or expulsive efforts, we call "false pains," because of their irregularity and position; that is to say, from being seated higher up, and from their greater uncertainty. "True pains" are much *more* uniform in character, regular in their intermissions *and effective in their* action, and are very easily distin*guished by the* experienced midwife.

We propose, in order to make the subject as clear as possible, to illustrate it in this chapter by the introduction of the gravid uterus or womb, at its full period of growth, or gestation, by means of which we hope to be able to convey some slight idea of its condition at the time when it is about to put forth its efforts of expulsion.

Fig. 1.



THE UTERUS OR WOMB AT ITS FULL PERIOD OF GESTATION.

The new being soon to be launched into life, and in whom we feel so deeply interested, is now, we shall presume, floating in the *liquor amnii* or fœtal waters, contained within the membranes in the interior of the womb, and attached by the funis or navel-string to the *placenta* or after-birth, through which the blood, from which it has been formed and nourished, has been conveyed from the mother during the whole period of its growth. Up to the present it has had no separate existence; we must therefore receive it, not as a separate being, but in its entirety, as a part of the parents of whom it has been begotten. Note particularly the vascular condition of the womb, and consider the importance of correctly understanding the subject, as well as the importance of the blood upon the *life*, *health* and *disease* of the MOTHER and CHILD, in their present and future. *From the "blood" the mother has been sustained in the condition such as we now find her, whatever that condition may* be; from it also the *infant, whatever its condition may* be, has become what it is;

*from it the power necessary to complete the delivery begun at conception, carried on through gestation, and finished at the birth, must also be obtained; and through this, which is the very base and fountain of life, can the safety of the mother and child only be secured.* The necessity, therefore, of the student paying more than ordinary attention to it, must be our excuse for enforcing it so earnestly, seeing that the natural and regular action of the circulation (which at no time can be obstructed without danger) if not attended to at this important period, must lead to most serious, if not to fatal consequences. Bearing in mind these great considerations, which we shall presume are well known to every experienced midwife, we may now proceed to the further consideration of our subject.

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## CHAPTER VII.

### CONDUCT OR MANAGEMENT OF NATURAL LABOUR.

"COME in," said GRACE THOMSON (a young married woman), in response to a sharp quick knock with the hard knuckles of some one at her door, which was no sooner said than it was opened just wide enough to admit the head and shoulders of JOHN HARRIS, the young husband of her early companion, MARY ELLIS, who, like herself, had changed her name just nine months and a fortnight ago.

"I wish you would drop in and sit with MARY, a bit," said JOHN, quickly, "while I run away for the NURSE and DOCTOR. She has been poorly ever since yesterday morning, but has been getting worse since twelve o'clock last night. I wanted to go before, but she would not let me."

"I'll be there in a minute," said Grace, who had been expecting the call, and had just finished dressing, for it was only half-past six on a fine spring morning; so without losing time John ran off on his errand, whilst Grace, quick as an arrow, shot in to see Mary. It was as she expected, for girl like, they had agreed, before they even *knew* their present husbands, that whichever was married *and had the first* BABY the other should be present.

Mary received Grace with a smile as she entered, and began at once to tell her how "poorly" she had been, at which Grace, smiling in return, said, "It is only what we expected, Mary; the time, you know, is up; it must be—I am sure it is. Oh! dear, Mary, what's that; what shall we do?"

Grace's ejaculation of "Oh! dear Mary, what's that, what shall we do?" was merely the effect of a distortion of the facial muscles, and suspension of speech, which she had noticed in Mary, but which had passed off nearly as quickly as they came. It was natural for Grace to feel timid, as all young women would under the circumstances. "I do wish," she said, "that John was come;" when, to her great joy, the door opened, and in John came.

"The nurse will be here in five minutes (he said), and the Doctor in less than a quarter-an-hour." This was a great relief to Grace, and Mary felt equally pleased. "I shall go into Grace's (said John, turning to Mary and kissing her), as soon as ever the Doctor comes, and if anything is wanted, you can let me know."

"And I shall go too," said Grace, "as soon as ever the Doctor comes, for I feel as if I could not remain; it will be too much for me, Mary, I am sure it will."

Now it will be necessary to explain the circumstances which caused this peculiar condition of mind in Grace. Both the young women had married, as we have said, about the same time, and had made certain promises to each other regarding their future prospects, increase of family, &c. &c.; and Mary was the first to realise that part of the compact relating to "increase." Grace had made no progress whatever in "the way," and therefore was not likely to be injured by fulfilling her promise to Mary. To know something of the secrets of child-bearing or midwifery had been a strong desire with both, as it is with many young women, particularly in the North of England; they had consequently promised themselves to learn it. Grace had long had a taste for it, for her grandmother had been a midwife, and she calculated some day in becoming a midwife also. Here she was, then, when the Nurse, a good kindly old woman enough, about sixty or sixty-five years of age, came in.

"Good morning," said Nurse, turning first to John, then to Mary, and then to Grace, to which all three rea-

ponded; John at the same time leaving, with the understanding that he should be at Grace's if wanted.

Nurse, without ceremony, began to take off her bonnet and shawl and "fuss about" among the things in the cupboard, drawers and baby's clothes basket, asking every now and then, as she gathered up the necessary oddments, all sorts of odd questions. "*How long had Mrs. Harris been ill, and how often did the pains come; were they severe—did they come on faster than they did,—were they high up or low down,—had she made her water freely,—was there any pain in doing it,—had she taken any "castor oil" yesterday, and had her bowels been relieved?*" Such was the string of questions put by the Nurse, who, by-the-by, was a practical and a superior woman of her class. She well understood the subject of questioning,—knew what the Doctor would ask her when he came, and took care to prime herself up, as was her common practice.

"But where is the Doctor?" asked Grace, who had made her mind up to run away directly he came in, as she had already told Mary and Nurse she should do.

"Oh! he will be here in time (replied the Nurse), never fear, for he is always very punctual, and besides, he is such a very nice man."

Grace, during this brief dialogue, was full of fear and indecision. "Yes, she would go at once; what a fool she must have been to have made such a promise to Mary. What did she know, or what could she do to help her. It was too much—she could not endure it;" and with this she rose to go; so taking the hand of the companion of her girlhood in hers, she said, while the tell-tale tear stole down her face, "Good-bye, Mary."

At that moment the Doctor came in. "Good-bye, Mary,—good-bye, Mary (said he), who says good-bye! No, no! young woman, we may want you, so stay with us, if you please; nay, let me beg of you!"

This was very encouraging from the Doctor, and very kind; so Grace looked at Nurse, and Nurse look at Grace, and both looked at Mary, who, with imploring eye and pitiful solicitation, said, "Do stop, Grace, don't —don't leave me."

This confirmed Grace's wavering, and altered her resolution completely. Yes, she must remain, it was impossible she could go.

Labour had now begun in earnest, and the pains were rapidly succeeding each other, so much so, that the Nurse could scarcely leave her patient three minutes together. And now a severe pain came, whilst, as usual, she was at her post pressing against her patient's back and helping her all she could. Upon the present occasion, however, she had scarcely put herself in position, when the Doctor motioned to her and pointed towards the bed. At this the Nurse motioned to Grace, and the three immediately changed positions; Doctor and Nurse to the bed: Grace holding, or pressing tight against Mary's back, as she had noticed Nurse had been doing during each increasing paroxysm.

## COMPLETION OF THE DILATATORY OR PREPARATORY STAGE.

The Doctor knew very well by the character of the last pain that the dilatatory or preparatory stage was all but completed, and that labour could not be very far off, so he took advantage of it to examine the bed, and noticed in turning down the quilt and blanket that the *common oil-cloth, so generally laid by the Nurse for the purpose of protecting the bed and bedding, was not in its place.* It was certainly an oversight of the Nurse, which she acknowledged with a blush, and was so quick to correct, that by the cessation of the pain the cloth was in its place. Trifling as this may appear, it did not fail to impress Grace, who had now become quite collected, and glad that the Doctor had induced her to remain. How thoughtful it was of him, she said to herself, to pay attention to such a little matter.

"Rather a sharp pain that, Nurse (said the Doctor), a few more like it will be worth a Jew's eye. We may as well get her into bed now."

"As you please, sir," replied the Nurse. Upon this suggestion *Nurse turned down the cover or quilt and blanket, under which was another blanket doubled, and between it the oil-cloth, which the Doctor had reminded her of.* The bedstead, which was one of the old-fashioned four-posters, was drawn a little out from the wall, so that any-one might conveniently pass around it. "Now my dear (said Nurse), you must lie down: there, sit this way!" suiting the action to the word, at the same

time slipping off the loose dress which her patient had worn. "There, the left side, my dear; lie on your left side. Yes, that will do!"

The Doctor, who had been quietly sitting reading a little book when his attention was not otherwise engaged, now arose, and without speaking a word, *took from the table a small pomade pot full of very nice clean-looking lard, with which he covered the index or fore-finger of his right hand;* thus prepared, he went to the bed, gently turned the clothes on one side, and introduced it. The time occupied in doing this did not exceed a minute; then turning to the Nurse, and tapping at the same time his patient kindly on the shoulder, he said, "It is quite right." This to Grace was such a relief; for the poor kind-hearted young thing, although married, was but a child in feeling, and wept with joy when she heard Mary was quite right. There was but little opportunity for reflection, however, for labour was rapidly progressing,—not more than a minute or two between the pains. Doctor, however, was very calm and collected in the midst of it, but not so Grace; nor even the Nurse, for both were now engaged with Mary, and full of excitement. "*Place a good strong Jack-towel around the bed-post, Nurse* (said the doctor), *and let her support herself with that.*" Nurse, however, was in the grasp of Mary, who held her so tight by the shoulders and neck, that she could not move; whilst Grace, as usual, pressed tightly against the back. "Ah, that's right!" said the Doctor; for another pain had come before nurse could move. "What, another! Ah, was that the *breaking of the waters?*" said he.

"Yes, sir," was the reply. And now the Doctor rose again, and *took from a small case a skein of white thread which he opened, and from which he drew about five cords. These he twisted and cut into two parts, about eight or ten inches in length, and then he tied them at each end, and laid them across the back of a chair close by the bed; he also took a pair of scissors from his case (although Grace had noticed both thread and scissors in the baby's clothes basket);* after arranging this, he went back again and sat down, but not for long, for Grace, in the midst of her excitement, could see the Doctor was not at ease. *And now he rose again, turned aside the bed-clothes and introduced his hand, and now both, using pressure against the seat, and placing at the same*

*time a soft dry cloth betwixt the parts and his hand.* All three were now so deeply engaged that neither had time to notice one another. Mary was, so Grace thought, most severely tried, as really was the case, for there was no cessation of effort. *At length, after one more struggle, and a deep cry of anguish, relief came;* THE HEAD WAS BORN. Grace thought she heard a small sharp cry; yes! it was the first effort of the newly-formed creature, to breathe its separate and independent life. *Another cry of anguish from the mother and the child was ushered safely into the world.* No one spoke now, nor moved: for a minute all was quiet,—there was freedom from pain for Mary, and unspeakable joy for Grace. *The Doctor having gently wiped the nostrils and mouth of the little new-born thing with a soft cloth, and placed its head a little higher than its body, safely under the clothes,* now looked at Grace, and motioned her to come to his side. He was, indeed, what the Nurse had declared him to be, "a nice man." Yes, truly, he was a brave specimen of humanity, and a credit to his profession.

"*I want you* (he said), *to hand me the thread from the back of the chair: one bit only,—only one.* Now observe, and remember if you should ever need it, how I tie the funis or navel-string." With these remarks he took the thread and tied a double knot tightly, *about an inch and three-quarters or two inches from the child's abdomen or belly, and then he cut the ends off nearly close.* This done, he requested Grace to take the other thread from the chair, which she did. "Now (said he), *I wish you to tie this;* do it and use no words over it." Upon this, *Grace took the thread, and placing it just two inches higher than the other, tied it as he had done the first part, and as he now instructed her.* "That will do very well; now cut the ends off as I did, and note particularly what I am about to do." *With these remarks he took the scissors (which Grace noticed were round at the ends or points, and smooth, to prevent any chance of pricking or cutting the baby), and divided the navel-string between the two ties exactly in the middle.* "Hand me the flannel or petticoat, Nurse, or any other thing you happen to have at hand," he said, which she did, and which he then placed across the two hands of Grace. "Now sit down in that chair;" which she did without hesitation, for all fear and doubt had vanished, and she felt quite bold. Yes,

she thought, the Doctor is "a nice man," and nobody can help loving him. Before the thought had culminated in the silent language of the heart, however, he had put the "wee thing" into her arms, and covered it lightly with the flannel.

## COMPLETION OF THE EXPULSORY, OR SECOND STAGE.

No language can pourtray the feeling of Grace, now that the expulsory or second stage was completed, and she had received the Baby. JOY, LOVE, CURIOSITY and HOPE were all hers, without arrangement or order. She was so happy that the smile of joy could find relief only in tears. How she should love it, and if she could but just look at the little darling. How curious to feel it moving and hear its sobs. And how she hoped it might live, for the sake of Mary and John. By this time the Doctor, who had been paying attention to the mother, came over to Grace, and turning the ends of the flannel aside, fairly exposed the child. "A little boy, I see (said he); quite a picture, and a perfect nice little fellow too; what a fine pair of black eyes he has; why he is looking at the clock, to see what time it is!" This was said with so much seriousness, that Grace, in her simplicity, was almost tempted to believe it, for it looked (apparently) so earnest with its little eyes wide open. It was said, however, for the double purpose of cheering the mother, and informing all present at what time it was born. In all that the Doctor did there was the same kindness, thoughtfulness and consideration. "At a quarter to ten exactly, little one (he said), you came into the world, so you need not trouble yourself further;" with this he turned the ends of the flannel up, and again hid it from view. He now sat down and chatted familiarly with Nurse about a variety of little things connected with the lying-in chamber. "What length did she generally allow her bandages for the mother, what width, &c., and what length and width for the child."

"I always put on a good long bandage, enough to go all round the stomach (she could not say belly) from three to four times, both for the mother and child, and *I take care to see* that they extend from the top of the *stomach to the bottom.*"

"Quite right, nurse," said the Doctor; "you understand your business I see, and know the advantage of regular and equal pressure; very good."

The old lady now looked extraordinarily wise, and turning to Grace with one of those peculiar nods of the head and twinkle in the eyes which wise old ladies only can give, expressed that kind of gratification and confidence *which all people, whether old or young, who have nothing to learn* upon such occasions always feel, and always contrive to show. Preparations were now being made for washing and dressing baby, all preliminary of course, and as such, not to be commenced until the Doctor had left. It was Nurse's work, and as she never interfered with the Doctor, so she cared not for the Doctor to interfere with her. Full twenty minutes and more had now elapsed since baby was born before Mary began again to manifest uneasiness. *A deep sob at length caught the doctor's ear which he appeared to anticipate, for he rose directly and went towards the bed, holding a soft dry warm cloth flat upon the left palm; this he introduced beneath the bed clothes, and taking hold of the severed end of the navel string he gently twisted it, using a little traction, placing at the same time his right open palm under the vagina in readiness to receive the placenta or after-birth. It passed at once "en masse" with its accompanying clot,* and was then gently withdrawn and quietly deposited in the *commode* beneath the bed. The Nurse was now motioned to bring the dry napkins, which she readily did, at the same time removing from under her patient every deposit and moisture, *which, when done, she handed the warm cloths to the Doctor, which he in turn applied to the* VULVA and PERINEUM (parts engaged in the labour). He then gave his orders regarding the *bandages, bed, diet, etc.*, saying as he left, "let her lie three or four hours, Nurse, before you move her; if she sleeps, all the better. I shall look in in the morning."

## COMPLETION OF THE PLACENTAL, OR THIRD STAGE.

The Placental, or third stage of the labour, as well as the labour itself were thus completed; occupying altogether, from the time the Doctor arrived, about three hours and a half.

Fig. 2.

NATURAL LABOUR, HEAD PRESENTATION.

*Completion of the Dilatatory, & commencement of the Expulsory Stages.*

The student will notice the parts, or descriptions of the process of natural labour, printed in *italics* and CAPITALS, and will not fail to remember the different *stages* as they pass from one to the other. Of the time occupied in the completion of each stage, or of the labour itself, little need be said, seeing that this is always uncertain; "natural labour" may occupy but a single hour, or it may take twenty-four hours, or even more. The practitioner is at full liberty to settle this as he or she pleases; we have had cases so rapid that it was almost impossible to decide the stages at all, and others again equally lingering. In the present case it will be seen that everything went on regular and natural, and terminated in about three hours and a half from the time of the Doctor's arrival. The commencement, however, we may date from twelve o'clock p.m. if we please, and so *make it a "natural* labour" case of ten hours and a *quarter. Of the presenting part of the head* we shall not

consider it necessary to say very much: we must notice, however, that every part is "natural," although there may be some positions not so favourable as others. The student will note page 42, Doctor's remarks, "It is quite right." To ascertain this he had diagnosed the case; that is to say, he had passed the "index finger" into the "vagina" and felt for the presentation; he knew the parts were rapidly dilating, noticed the "show" as the glairy discharge (generally a little streaked with blood) is called by Nurses, had satisfied himself from the condition of the *liquor amnii*, or "fœtal waters," as well as from the position of the head, that it was as he had said, "all right." *This is just a little matter for the widwife to bear in mind.* It is "all right!" how satisfactory to be able to say this; she has but to copy the Doctor to be able to do it with the same certainty. Let her prepare her finger as he did, and pass it with the same delicacy, and she can satisfy herself, if she thinks proper to do so. She may know the part of the head presenting, by the following signs:—

1st.—By the sutures or fontanelles, that is to say, by the divisions or membranes that separate the bones.

2nd.—By the brow or forehead, sides of head, hardness, &c.

3rd.—By the face, nose, or mouth, softness, &c.

With these little matters impressed upon her mind, she will be in a condition to go through her work satisfactorily to herself and patient. She cannot make herself too well acquainted with the description of "natural labour," as given in the present chapter, nor can she fail, if she does so, in carrying it through safely. There is just one little thing she has to be told here, and that is concerning the "placental stage." If the placenta or after-birth is not expelled or thrown off in from three quarters of an hour to an hour she can remove it; this must be done as the doctor did; that is to say, by holding the navel-string in the left hand, compressed, and gently twisted between a cloth, whilst the right, with the fingers prolonged and formed cone-like, are passed into the uterus (which is easily done, it being of course fully relaxed); the muscular force of the uterus now readily expels it.

## CHAPTER VIII.

### OF THE MANAGEMENT OF THE INFANT AND MOTHER.

"Now, my dear (said Nurse, turning to Grace), we'll just catch a cup of tea before we do anything more. You, I am sure, must want it; for, like myself, you have had no breakfast." So without any further parley, this little necessary incident was speedily got over. Before taking any herself, however, Nurse very considerately prepared a nice cup for Mary, which, she (Mary) took with a relish, and with it a little bread prepared as sop, that is by pouring boiling water on it, and adding, after straining off the water, a little milk and sugar. "There now, my dear (said Nurse), you must try and compose yourself to sleep; it will do you a world of good."

"I can't sleep, Nurse (said Mary), for I feel so very happy."

"Try, my dear, try (replied Nurse). Doctor said you were to sleep if possible."

"If you will let me see baby I'll try," said Mary, in return to Nurse's injunction."

"You shall see baby soon, and have it in your arms; think of that, my dear, and sleep a little, while I wash and dress it;—we must wash it and dress it, you know, for baby, like ourselves, is nothing until it is clean." During this brief conversation, Nurse was preparing the water and examining the basket to see that everything requisite was there, for this the first epoch in baby's distinct civilized condition.

"And now, my dear (she said, turning to Grace), I'll take baby, and you can sit down on the stool opposite me and see how I manage it. Yes, a little *dearity;* and its mamma wanted it before it was fit to be seen; did it,—but we shall take care of that, shan't we, darling. That flannel, dear, it is nice and soft; is'n't it? and the water; I have just taken the chill off. Sometimes, if the weather is very warm, I use the water quite cold; but this, you feel, has the 'chill off,' just a little." During these remarks Nurse had placed baby face downwards, its little chin resting on her left thigh, with its back exposed. In this po[illegible]plied softly, but regularly, the soap [illegible] skin looked quite red, and mar[illegible]ly how I like to see a baby look

(said she to Grace), it is a true sign of health. Its little head,—bless it, how is its 'little head,' I wonder? squeezed up a bit, of course! but never mind it, '*dearity*,' it will all come right by-and-by." Grace thought Nurse was very rough with baby's head; for she seemed to pay particular attention to it, examining the scalp and pressing the top down with her right palm, whilst her left protected the chin. "Yes, its little head shall be put right,—it shall,—of course it shall. There now—there, don't it cry, then, the darling,—when its all being done for its good." With this baby-language which babies best understand it was turned, t'other side up. "You see, my dear (said she, still talking away), it's always necessary to be particular with the head, for the bones are not all in one, as you might suppose, but in parts; there is one in front (frontal bone); one behind (occipital bone) and one on each side (parietal bones); and when the head is being born, these over-lap and this puts it out of shape. You see, baby's head was quite small at the top, and if you will just look at it, you can see where the bones unite behind and in front."

Grace looked, and saw the union, as Nurse had stated, and noticed also that beneath the membrane which united the bones on the top of the head, there was a continuous steady beating. "What is the matter (she said); the head, you see, is 'beating' quite fast,—moving up and down."

"There's nothing the matter, my dear; all babies' heads do the same; it will go away as the bones grow solid and unite with each other." By this time baby was going through the same process in front; protesting, of course, against Nurse's hard treatment. It was soon got over, however, and the skin wiped quite dry with a soft towel. "How is its little nosey-posey, I wonder; is it all right? Yes, nearly; just a leetle flattish, but not much: there then, that will do, and it didn't like its little nosey pinched, did it? no, it didn't." Of course it didn't, but since fashion has settled the matter that all babies require to have their noses put in shape, our present baby was no exception; and in spite of its crying, it had to pass through the ordeal.

"Now, my dear (said nurse), hand me the 'powder and puff,' and see how I use them. There: I take care *to well dust the* parts, particularly between the thighs,

and under the arms, and also between the little rolls of loose skin in the neck; this prevents injury from friction. I am always very particular, as all Nurses ought to be, for many a dear baby has had to suffer from bad eyes, bad heads, and scabby skins, all for the want of cleanliness; and this you know is very serious. You see, a good Nurse is of as great importance as a good Doctor, and often more; for Doctors only know their own work. Our Doctor, for instance, is very clever, and as I told you, 'a nice man,' but for all that, he cannot dress a Baby.—No, my dear, he can not dress a baby. This, you see, is the nurse's work entirely. He spoke to me of the 'bandages,' if you remember; well, he may know all about them, but he could not put one on, or not many of them can, I know that. Hand me that pomade, or pot of lard if you please, my dear—and the bit of calico from the basket." Grace did as she was requested, when the Nurse took the calico which was very old and tender, and tore off two pieces about two inches square, which she told Grace to hold close to the fire until they were slightly singed; she then doubled one of the pieces and cut out a small hole with the scissors, just in the middle; this done she spread a little lard upon both sides of it, and took the navel-string, which Grace, by Doctor's request, had tied, and bringing it through the hole, laid it flat upon the upper side of the cloth; and now she spread a little lard upon one side of the other bit of 'calico,' doubled in the same way (but with no hole cut in it), and laid it over the other, thus confining the 'navel-string' between the two. "There, my dear, you see now, that simple as this is, it is nevertheless of very great importance; for often the dear babies have to suffer from the bad management of nurses. I put, as you see, a little lard on both sides of the first bit of calico; the purpose of this is to prevent the cloth from excoriating or rubbing the skin on the child's belly, and also to prevent the part of the 'navel-string' which, in a few days will dry and come clean off, from sticking to the cloth, and inducing a wound, as is sometimes the case, where this is neglected. The top piece, as you see, I also put a little lard on, and of course this is done with the same object." Grace saw in a moment the uses of what Nurse had done, and thanked her for her instructions. "And now (she said) hand me the belly-band, *and notice that* I begin to place it exactly over the navel

cloths;" she then placed on the band and turned it comfortably about three or four times around the infant's belly, and tucking in the edge, sewed it snugly and secure. There remained but little more to be done now; in a very few minutes after the band was on, Baby was dressed as prim and nicely as any baby in the world need be. True it had no prestige of birth, nor titles, nor estates, nor wealth, but it had, what is a thousand times better, a good healthy, clean, careful mother, and an equally careful, temperate, excellent father; and what more, with the attention and management it had received, could any wise or prudent baby wish for. Baby in fact appeared quite contented, for it was already sucking away at its thumb, giving an evidence that it was ready to begin the building up process of its little body. What more was to be done? nothing, excepting just to rub a little tallow around the upper part of its nose, and give it the first condiment. Something babies have been forced to have from the beginning; and although our Nurse had progressed beyond many old prejudices and customs, she was not superior to all. She did not give a dose of castor oil, nor a teaspoonful of gin and warm tea, nor did she pinch its little breasts to force out the milk, which, if not done, always leads (as foolish nurses suppose) to serious consequences; but she mixed a little brown sugar with equal parts of melted butter, and was delighted to see how the little darling sucked away at her finger, as she placed it, covered with the luscious dose, in its little mouth. "Nothing so simple, and nothing a baby so readily takes, my dear (said she, turning to Grace), as a little sugar and butter: you see it gives them a taste—makes them earnest for the breast, and brings off the dark matter (meconium) from the bowels. It is very good, I assure you, and never forget, in dressing a baby, to use the needle and thread, and strings to tie its dress, instead of pins. Oh! I do hate the nasty pins; and am sure many a dear baby has to suffer through their use."

"A little lard rubbed in, around either side of the nose, is a good thing; it prevents the snuffles. My dear mother, who was a very clever Nurse, always used an old tallow candle. She had a piece of one for many years, and took it with her; but I think this was an 'old woman's whim,' as they say, at least I find 'lard' to answer

the purpose very well." In this way the old lady talked, explaining every thing after her own fashion; "Yes; there is much to learn in nursing, I assure you, and although Doctors pride themselves on their skill, I say, what I have always said,—that after all, the Nurse has more to do than the Doctor; but they have rules for everything, as if everything was to be done by 'rule.' There now, take baby while I see to its mamma." With this she handed it to Grace and went to the bed side. "Asleep, my dear?" said she. "No, Nurse," was the reply. "Well then you shall see Baby, and just have one kiss,—only 'one;' and then I'll see about putting things right, and tidying you up a bit, and you shall have it all to yourself;" with this, Baby received its Mamma's first kiss. There was no further indulgence granted then, for Nurse was really a woman who, in spite of her few remaining prejudices, possessed excellent judgment. She knew her work, and did it with due regard to the Mother, Baby, Doctor and herself. "It's all very well (she said) to lay down rules, but Doctors know very little of the management of Babies or Mothers. She was to lie and sleep three or four hours if she could. 'If she could;' why I never knew any woman sleep, or at least not many, after a confinement for first Baby, unless the labour had been very long and tedious, and after great exhaustion. In comfortable labours like this, they are too happy and full of joy to sleep; and it's my 'rule' always to dress the Mother as soon after the Baby as possible, in all easy labours. In long, trying, wearying cases, of course it's all right to rest; you want time there, but not here. Yes, my dear, I shall now tidy you up;" and so she did; that is to say, she raised her patient gently up—washed her face and hands—sponged and tenderly removed every spot of dirt that adhered to the secret and lower parts of the body, took away the napkins which the Doctor had supplied, and replaced them with others comfortably warm and soft; shifted the cap and loose dress that her patient was confined in, and put on others, clean and well aired. This done, she put her right arm under the pillow and lifted her patient easily, and as she raised her shoulders, drew from under her the doubled blanket, that Doctor had reminded her to lay down just before the delivery; she then placed a clean slip on the pillow, and having arranged the upper part,

proceeded in the same way to manage the lower. In this way the doubled blanket was easily removed, leaving the lower or under blanket perfectly clean and dry. It surprised Grace to see with what facility all these little matters were managed by the Nurse. The soiled sheet and counterpane as readily gave place to clean, and in a few minutes Mary was looking as nice and comfortable as if nothing had ever disturbed her. "There, my dear (she said, turning to Grace), that is the way I do it; now if you please hand me Baby," she took it and placed it in bed by the side of its mamma, taking care not to stifle it with too much clothes nor too little air.

NOTE.—The reader or student will notice particularly the remarks of the Nurse; will see the force of *fashion* and *education*, and gather courage to persevere. Nurse had faith in her own work, and knew the Doctor would make a poor job of "dressing the Baby and tidying the Mother," which was really a fact. She felt intuitively that her part of the process was equally important, still she had never ventured beyond "nursing." How trifling in comparison, however, is the task of the Doctor, and how little is there that any woman may not with equal security do. Doubtless Doctor and Nurse are both important; but the woman who can do the *one*, can with equal ease do the *other*. Generally speaking, Doctors and Nurses are a great deal too conservative, but in the present case they were not so, and the consequence was, Grace felt quite satisfied that should she ever be called to a case again, she could manage it all from beginning to end. "Yes," she said (when speaking of it, as she often did, in after life), "I learned everything that I wanted to know from that morning's visit to Mary. I gained a knowledge of nature, and saw how wonderfully the various parts of our bodies were arranged for conserving and continuing life. It was my first lesson, it is true, but from it I worked out, in after experience, the varied *contingents* which follow now and then from deficient vitality or malformation, but which in ninety-nine cases out of every hundred arise from the ignorance of those who unrighteously interfere with nature, or who, from the want of opportunity or desire, are too uninformed and timid to be of any use. I owe to that excellent *Man* and *Nurse* all my advantages, and am thankful for the opportunity. He was, indeed, 'a nice man'; God bless him, and the dear old Nurse. They are both gone to their rest, but I love their memories; indeed I do."

## CHAPTER IX.

### OF NATURAL, BUT LINGERING LABOUR.

If the student turns to page 35, she will see what is meant by "natural, but lingering labour;" "natural labour" is generally said to be where the head presents, and when it terminates within twenty-four hours; but this is merely a matter of fancy; it may extend beyond it, and still be "natural;" tedious may be a better term in such cases if we like it better; we shall consider all labours, therefore, which extend beyond twenty-four hours, as "lingering." Just a case or two by way of illustration. We had one about two years ago, in London:—a Mrs. W., the wife of a minister; Mr. W., her husband, feared to entrust her into the hands of any other, for she was delicate, and a second wife,—and this was her first child. We were seventy-two hours in attendance, and yet the labour was "natural;" that is to say, the head presented; and although the "dilatatory" process was tardy, the pains short and lingering, and the pelvic outlet exceedingly small, nevertheless, at the end of that time, she was confined of a very fine child without even the slightest rupture or injury of any kind, and made a rapid recovery. Another case. The wife of a tradesman engaged us to attend her for her first child. She was slight, but not delicate. The pains were most severe, and continued, without scarcely any interruption, for six-and-thirty hours; when she, too, was confined of a very fine child. The cause of the delay in this case arose entirely from the smallness of the outlet. Her recovery was equally rapid and satisfactory. Another, the wife of a working man, thirty-five years of age, first child; "She knew she would die unless we consented to attend her;" such was her conviction. We were sent for at 9 o'clock p.m., and found an old decrepid woman with her, who was to act as Nurse. She told us soon after our arrival that she was "subject to fits." Fits and this case, which we knew would be tedious, would never do together; so we sent her home, saying, "we would send for her in the morning." The old lady went to bed and we were alone with our patient the whole night. Her husband, Tom, as she called him (who by the way was a capital substitute for a Nurse),

being below, in the next room, ready to do what we required. She was confined next morning at eleven o'clock, of a fine child, after just fourteen hours' labour. This, although within the time allowed for "natural labour," was nevertheless painful and tedious, from the fact of her years, and its being the first child; and also through the want of blood to supply the lubricating secretions, to which we may add, the smallness of the pelvic outlet, and extreme rigidity of the parts, and of the *sacral* and *pubic* ligaments; that is to say, the tough material that unites and keeps the bones in position. She made a rapid and good recovery.

Of the general or more common causes of "lingering natural labour," we may enumerate the following:—

1st.—General debility of the mother; constipation of the bowels, and want of muscular power in the uterus and abdomen.

2nd.—Rigidity of the parts, and undilatable state of the *os uteri* (mouth of the womb).

3rd.—Narrow and contracted pelvis; want of the parturient secretion; unyielding condition of the pelvic ligaments, and irregular position of the head.

4th.—Unusually large fœtus,—fœtal malformation, or fœtal death.

5th.—Distortion of the pelvis; tumours or bony growths of any kind connected with the same.

6th.—Disease of the uterus or womb, arising from natural causes, or from drugging with the view of producing abortion.

The student will not be alarmed at the display of causes here enumerated, but will simply accept them as some of the *rare contingents* that now and then arise, but which in ninty-nine cases out of every hundred require no aid but what she can readily give. We have but two rules in all these labours. The first is, to support the strength of the mother, and wait patiently upon nature; and the second, to make ourselves acquainted with the condition of the parts, and their capacity or fitness for what they are called upon to accomplish. As far as our own experience is concerned we can truly say, that we have found no difficulties but what nature has proved herself equal to; nor are we alone in this, for very many of the most eminent have, after a life of practical experience, declared the same truth. Dr. Hunt[illegible]

used to say in his Lectures (vide "Merriman's difficult parturition," page 27th, Callow & Wilson), "I have attended a patient three days and nights and one whole fourth day, without danger; the woman crooked and the child large. *She lived all the time on tea and gruel only.*"

The legitimate or fashionable practice in lingering difficult labour, is to administer chloroform, or cordials—stimulants—Opium, Ergot of Rye, &c. To all these we offer our protest, for we scarcely know a single case in which we should consider any one of them necessary.

Ergot has, doubtless, great power over the uterus, but the life of the child or mother may be hazarded by its use; and Chloroform and Opium are objectionable, from many causes. "Three cases," says Merriman, "have come under my own notice, where, by giving laudanum freely, an entire suspension of uterine action was produced, requiring the aid of instruments to effect delivery." Without presuming, however, to question the ability or opinion of the very many eminent professors who contend for their use, we may be excused for saying that, having done well without them in our own practice, and as we write for the benefit of those who have no authority or appeal beyond our advice and their own judgment, we shall be excused for discountenancing their use. "Never play with edge tools," is a most salutary recommendation which we give in the present instance with all our heart.

NOTE.—In order to support the patient's strength and assist the "dilatatory" process of the os uteri, the patient should use our "Patent Gestatory or Parturient Food" freely; not only during the progress of labour, but as an ordinary part of her diet during the whole period of gestation. It is one of the most useful and nutritious preparations that can possibly be taken. We simply name it here, but shall speak of it again when we treat of morning sickness and other diseases. In addition to the "Patent Gestatory or Parturient Food," raspberry leaf tea should be taken instead of the ordinary "tea," and during the progress of the labour; thin gruel, soaked bread with milk and sugar, may also be taken in change, or the "ordinary tea," or any kind of light food the patient may prefer.

To understand the condition and capacity of the parts, the Midwife will simply pass her hand over the uterus. If the fœtus is in a natural position the abdomen will present (low down) a hard ball-like appearance, which may be lost in some "preternatural" positions. As regards "examination *per vagina*," *she will* turn to page 42 and see the plan adopted by

the Doctor in Mary Harris's case. If this is done, the size and condition of the parts may be easily understood.

The waters will be felt through the presenting membranes, and the head also during the cessation of the pains. It is, in fact, only during these "cessations" that "examination" should be made. The progress of the labour by this means may be readily understood.

The requirements of nature should be looked to, for constipated bowels and distended bladder may both become obstructive. (See index, "Complications, &c.")

There are few women however but understand this, and therefore the obstacles which stand in the way of nature are not felt where the patient is under the care of one of her own sex.

The SQUAW or WIFE'S ROOT, *Black Cohosh* or *Cimicifuga*, is a simple, but excellent parturient remedy. It was used by the native women of America, long before it was introduced into regular practice in that country.

We have patented it as the "Parturient or Midwife's Tincture," and from our own experience recommended it to every accoucheur or midwife, whether male or female.

It must not be given until after the dilatation of the uterus, when the efforts are weak or unequal to the expulsion of the fœtus.

For uses of "Patent Parturient Food and Tincture" see directions on labels, &c., with each preparation.

Where there is any doubt regarding the safety of the patient in child-birth, no matter from what cause, the custom, with the well-informed, prudent male accoucheur, is to call in other aid. The main object of this is, to share the responsibility upon the one hand, and determine the future management of the case upon the other. Every midwife will see the wisdom of this, and understand that she is bound by the same rule in all cases where there is doubt, uncertainty, or danger. Nor will any respectable honourable practitioner refuse to attend. We are aware in some instances refusal under such circumstances has taken place, but this will not be the case with any honourable man in practice. *Indeed it must* not be, for the common law of England, his own credit, and every feeling of humanity are against it.

If it be asked at what time, or in what condition of labour the case may become "dangerous," our reply is, at no time where the patient is free from exhaustion, or where full and complete dilatation of the parts have not taken place. Let the midwife consider the condition of her patient, and observe closely the progress of the labour; a little manipulation with the finger if the head is contracted or in a wrong position may be necessary; or if the parts are dry, hot and rigid, the application of cool lard freely will afford relief and assist the passage of the head. In no natural labour or head presentation is there anything to fear excepting in extreme cases of *Hydrocephalus* (enlarged head from water on the brain), or from extreme deformity or smallness in the pelvic outlet; and these are conditions which the most inexperienced can easily comprehend and manage accordingly.

## CHAPTER X.

### PRETERNATURAL LABOUR.

*Lower Extremities, Breech Presentation.*

THE student will turn to page 35 and notice what is said of "preternatural labour,—all cases where the HEAD is born last instead of first." The HEAD *first* is "natural;" the HEAD *last*, "preternatural," or UNNATURAL. Presuming, therefore, that we are called to attend a *labour*, we conclude of course that it is "natural," and this we are justified in doing, because the chances are about fifty or sixty to one in its favour. Let us fancy, then, that we are about entering our patient's room; what is the proper course to be pursued? If we turn to page 40 and observe the questions put to Mary Harris by the Nurse, we shall form some idea of the Preliminaries. The proper practice is represented there, and the midwife will do well to remember and follow it. A few necessary questions, kindly put, prepare the way for more satisfactory and certain conclusions. We then place the palm of our hand over the abdomen or belly, note its particular feel, and shape. If it is round, hard and ball-like, we conclude everything is RIGHT; if very low down, that the case is progressing favourably, and that we are not called too soon; if high up, we have a right to assume the contrary. In all cases of "natural" labour we expect to find this particular form or condition of the abdomen. We may also expect it in the majority of "preternatural" cases, but not exactly in all. In transverse or genuine *cross positions* of the fœtus we may detect a slight irregularity or departure from this rule; the same impression will not be made upon the fingers, nor will the general 'impression' be satisfactory. Whatever doubts may arise, however, are by no means to be disclosed; on the contrary, we are to assume a cheerfulness of mind, and in all our words and actions endeavour to convey the same to our patient. We note the nature of the pains—their severity, duration, and length of time between each; and from these,

proceed to further measures. There is a universal feeling with all *parturient* women, that *examination* is absolutely necessary; or in other words that the Midwife or Doctor must "try the pains," and excepting upon rare occasions, and these generally in going for the first child, we have never found any objection. What the Doctor did in Mary Harris's case, we now do,—that is to say, we cover the index or fore-finger (or middle finger if we prefer it, or both) of the right hand with lard, the patient either standing or lying as we think best, and pass it gently into the vagina as high as necessary. By this process we determine the condition of the uterus; and (presuming of course the os or mouth is sufficiently dilated) the presenting part, by which we conclude the labour to be either "natural" or "preternatural." We take it for granted, then, that we have done this, and find the present a "preternatural" case. It is, we shall suppose, a BREECH presentation; we detected it by the following signs. We felt the "bag of waters," or membranes protruding full and round with the advancing pain, but as this sign is common in "natural labour" it was no guide in the present case. Our "abdominal examination gave us no cue to guess by—it never can, any more than the state of the membranes, for its general condition is pretty nearly the same as in "natural" cases; we failed to detect the fontanelles (membranes that separate the bones), rotundity and hardness of the head, the nose, mouth, or indeed any part of it; but in its stead we felt a soft pulpy mass, divided by a *cleft*, and concluded, although the waters had not broken, that the case was as we have stated. With the rupture of the membranes, however, whatever doubts might have remained, gave place to absolute certainty; for the BREECH protruded sensibly, and with each pain the fact was rendered more positive.

The following cut represents the position of the fœtus in *utero*, and although it may appear to those unacquainted with its *mechanism* as difficult and dangerous for it to pass in this form, nevertheless, experience has proved that the delivery is generally accomplished where nature is not interfered with, with as much safety as when the presentation is "natural."

Fig. 3.

BREECH PRESENTATION.

In the conduct or management of preternatural labours, the stages and progress are governed by the same rules as the natural. In the latter, the head is the first part born, which is received and supported by the midwife, as she waits for the expulsion of the shoulders, body and other parts, which generally follow in a minute or two with the preceding pains. In *Breech* labours the buttocks come first, which are supported by the midwife in the same way as the head; the body, legs and shoulders next follow, which are then received and supported as she waits for the birth of the *head*. No force of any kind is necessary, nature will do her work far better without any interference of ours. By supporting the weight of the body in our hands, upon a soft flannel or cloth, the neck is preserved from extension and undue pressure, and this is all that is needed. The separation of the *funis* or navel-string, and every part of the process connected with natural labour, is followed out in this and in all preternatural cases, and needs no other instruction than what is given in page 43. The same with the *Placenta* or after-birth; no pulling, nor straining of any kind is

necessary. All the midwife has to do, is, to WAIT upon NATURE here, as in every other part of the labour; and if after from three quarters of an hour to an hour it is not expelled (as it generally is during this time), she is to take the string in her left hand, between a napkin, and pass her right fingers into the vagina, when she will most likely feel it. A little traction and manipulation will generally do all that is needed; should it not pass by this means, let the fingers be brought tightly together, with the fore-finger and little finger under the others, cone-like, and passed in an extended position into the uterus; the Placenta can then be fully grasped and brought away without the least difficulty or danger.

We hear a great deal said by women about the adherence of the after-birth to the sides of the womb, and how the Doctor had to "tear it away;" but this is all nonsense; 'tearing away' does not belong to our vocabulary; we know nothing about it, nor will any sensible, prudent midwife know anything about it. Under no circumstances is this 'tearing away' called for. Nature as a rule throws the Placenta or after-birth off when she has no further need of it, as she does every other excretion; and whenever it may be necessary to assist, we must imitate her process of working; we wait the time named for her to detach and expel it, and finding it not done, as there is no safety so long as it remains unexpelled, we pass the fingers or hand within the womb in the form stated. Nature, intolerant of interference, comes to the rescue, and expels, in ninety-nine cases out of every hundred, the hand and Placenta together; or should it so happen that it is not detached, we gently pass our fingers around the womb and peel it off. In this way we do everything wisely and well, and receive our reward in the security of our patient and satisfaction of ourselves.

NOTE.—We shall say nothing of the causes of "preternatural" positions, because nothing certain can be said; most women form some opinion of their own, *right* or *wrong*, and as the "cause" is of no importance in the delivery, it is a matter of little or no consideration. As regards the safety of the mother, there is, as we have said, little, if any difference in the mortality. A much greater number of the children so born, however, are lost; but not so many as at one time. In proportion as nature is not interfered with, the safety of both the mother and child are secured.

"When I first began practice (says Dr. Hunter) I followed.

the old doctrines in BREECH presentation, although I did not like them, but yet *dared not broach* new ones till I got myself a little settled in life. *At this time I lost the child in almost all breech cases;* but since I have left these cases to nature I ALWAYS SUCCEED."

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## CHAPTER XI.

### PRETERNATURAL LABOUR,

*Footling Presentation.*

WE shall venture to presume once more. Go back to page 40, read the remarks there, and fancy we are again entering our paitent's room. We put all the necessary usual questions as preliminaries, notice the pains, &c. &c., and conclude, of course, that the labour will be natural. The abdomen has been examined, but nothing satisfactory or positive has been detected. We may still conclude the case to be "natural," or have our doubts about it. We wait to observe its further progress, however, and in proper time "try the pains" (examine the condition of the uterus). The parts possibly are only slightly dilated, and consequently we have still to wait. We do so, and find the progress slow. After a time we examine again, and discover a protrusion of the membranes; but not in the same form as in "natural" labour; instead of the round bladder-like feel, we detect a longer and much smaller projection; like, it may be, the thumb of a large GLOVE, which is a pretty good sign that the case is either a presentation of the FEET or HAND, but we are not positive, and still wait on, paying every attention to the requirements of our patient. We shall, it is most likely, form an opinion, but it will be a doubtful one. The pains increase, and the labour advances, but not in anything like an equal *ratio*. After a time the waters break; we then know the reasons of the delay, and why the membranes presented as they did. It is a "footling case,"—we know it by the feet and toes. What is now to be done? Nothing:—no, nothing! Nature will do all that is requisite in this, as in "natural labour." Do not on any account hurry it; neither pull to hasten the delivery, nor draw down the legs or arms to assist in relieving them from their position. On the contrary, let them alone. You will then avoid the risk of dis-

locating the shoulders, and at the same time allow nature a chance to more freely dilate the passage for the exit of the head. Support the body of the child in this, as in breech presentations; there is nothing more necessary. But suppose one foot only present, or one knee, or both knees, as in the following figure; what is then to be done?

Fig. 4.

PRESENTATION OF THE KNEES.

We answer again, as before, "nothing;" that is to say, there is no interference necessary beyond supporting the child. What we mean by "supporting the child," is to hold the child with both hands, allow nature to direct the passage, and as the expulsion proceeds, follow the rotation of the body. *Less than this cannot be done,—more, is mischievous.* There can be no difficulty in detecting the presenting part, whatever it may be, after the membranes are ruptured; and it is satisfactory to know that in none of the cases named (unless connected with some serious complication or disease) is the danger increased with the mother. The loss is doubtless considerably greater as regards the infant, but this will diminish as nature is better understood and trusted. In the generality of preternatural labours the practice has been to do too much, instead of too little.

The theory of footling presentations may be easily understood by reference to the engraving. The smaller part of the body passes the mouth of the *uterus* before the dilatation has advanced sufficiently to admit the larger; hence the necessity of more time for nature to complete her work; on this account the waters generally break earlier. Every larger part, it is clear, having to follow a smaller, must require more muscular effort and time.

The HEAD and BREECH are not open to these objections; hence, when passed, there is little more force required to expel the other parts, which are generally not more than equal, or even smaller.

The most talented writers and experienced professors err in assuming that artificial aid is in general necessary. "Ergot," for instance, or the *smutty poisoned rye*, doubtless, has great power over the uterus, and as it is employed all but universally in difficult cases to assist the expulsive powers, that is to say, to force nature to do by violence what she can only safely do by time and care, we shall trouble the reader with an extract or two.

"The administration of ergot to a woman in labour is attended with danger to the child, whenever time sufficient for the absorption and transmission of its *noxious* properties elapses before the child is born. *The degree of effect produced differs with the time that elapses between the exhibition of the dose and the birth of the child.* Hence, the 'ergot' should never be given in any case where there is a likelihood of the labour lasting more than two hours."

The above, which is copied from Dr. Beatty, is accompanied by the following remarks, *vide* "Murphy's Principles and Practice of Midwifery," page 270.—Walton and Maberly, 1862.

"From the above summary of DR. HARDY, it appears that in forty-eight cases where "ergot of rye" had been given, thirty-four children were still-born. Nearly three-fourths."

Dr. Hardy's table of forty-eight cases in which Ergot had been given is as follows:—

| | |
|---|---|
| Cases in which the uterus expelled the child alive... | 7 |
| Cases in which the children were born alive by the application of the FORCEPS or VECTIS (after ergot) | 7 |
| | 14 |

| | |
|---|---|
| Cases where the uterus expelled the child dead born (after ergot) ... ..... | 15 |
| Cases in which the forceps or vectis were applied (after ergot) but the children born dead ..... | 6 |
| The children dead (from ergot), delivery effected by the CROTCHET ..... | 13 |
| | 34 |
| Total | 48 |

This table is merely given to show the results of the practice at present obtaining in difficult labour. Nay, in the majority of "natural" as well as "preternatural" cases, time to a medical practitioner is of the very greatest importance; and the power of "Ergot" in expediting the delivery is so well known, and its use so common, that it passes current for good practice; none question it, because it is professionally fashionable; the results, however, are clearly seen from the above.

We desire to remove this dark spot from the practice of our profession, and are certain that one of the best methods of accomplishing it is the step we are now taking; for, who but the most ignorant, interested, and deeply prejudiced can desire to continue such a terrible delusion.

Dr. Hunter lost almost every child (he tells us) in BREECH presentations so long as he followed the regular practice, which consisted at that time in pushing the breech back and bringing the fœtus down by the feet; but still he *dared not broach new ideas until he got himself settled in life.* That is to say, he dared not save a life contrary to rule.

Shall we continue thus to be led or driven, or shall we dare grapple with the errors that disgrace our profession? We choose our own path, follow it who may.

NOTE.—There is just one or two little matters which we desire every midwife to remember. Let her have no more good neighbours nor friends in the room during labour than are absolutely necessary, particularly let her keep old tattling "folk" and nervous "folk," who are always prognosticating evil, out of the way,—they are no use at any time; but upon these occasions they become a nuisance; nor should the patient's mother be present excepting she is a woman of intelligence and courage. Ignorant old mothers often do great mischief through impatience and prejudice. They are content to know their daughters may be poisoned with ERGOT, OPIUM, or CHLOROFORM; or to even find them mangled and injured for life, as *very wise people of both sexes* are, provided it is done *secundum artem*, that is to ——

according to fashion and under the sanction of conventionality, but go mad with rage and drive others mad, if they venture to trust and wait humbly at the feet of wisdom.

We speak from experience, having had opportunities of knowing such cases. It was with difficulty, in fact, that we saved one poor young mother and child from being sacrificed. The case was one of charity connected with St. Bartholomew's Hospital, London.

Our patient was the young wife of a labouring man, in Clerkenwell. It was tedious and lingering, but natural. The pelvis was small but normal (regular and healthy), the pains short and weak; we knew there was no danger, however, and that it was merely a question of time.

For full sixty hours the labour continued; and although we were not with her the whole of the time, for a great part of it, particularly towards the conclusion, the old lady wearied our life out to call in other aid, or employ some means to "relieve her dear child of her suffering." It was in vain that we told her there was no danger,—she would not believe it. In spite of her fears however, nature did her work, and well too, for we had the satisfaction of seeing her daughter safely through with as fine a son as we ever brought into the world. Her "getting up" was equally satisfactory and rapid; both did well. As regards the instrumental or mechanical means now so generally employed under the *sacred* name of "science," we truly coincide with Dr. Hunter, who, when once lecturing to a class of medical students, exposed his *forceps*, and said, "*I assure you, gentlemen, that in the course of my long and extensive practice I never used them but once in my life, and if you will forgive me that once I promise you never to use them again.*" In addition to this we quote the following from Dr. Blundell (a name well known in connection with obstetrics); speaking of the use of the *forceps*, he says, "I have never had occasion to use them in all my practice from its earliest period to the present time, and I have never lost but two cases in my life. I am confident that in most labours in which the instruments have been used, had the attendant recognized the salutary resources of nature, and known how to wait for, or how to simulate her powers, the labour would have terminated better without than by their use. I have been present in three cases where the *forceps* were used; and an attempt was made to use them on a fourth person, in a labour in which I was concerned, and in every case I am well assured that the labour would have terminated favourably without any interference whatever, had each been left to the unaided powers of nature. In one of these instances the use of the *forceps* brought on one of the worst cases of *prolapsus uteri* (falling of the womb) I ever saw. In another the woman was healthy, had a natural or head presentation, a normal pelvis (well formed), and the pains were uniform; yet during my absence the attending physician made an ineffectual attempt to apply the *forceps*; afterward he opened the *cranium* (performed craniotomy), and then took a hook, introduced it within the skull and extracted the child.

*A physician* who attended my own sister in labour, urged the

necessity of using instruments in the delivery, to which she resolutely refused to submit; and after some length of time the child was safely born without either accident to mother or itself.

Such are our testimonies in favour of nature, and we ask who is prepared to dispute them?

We might, if necessary, introduce others, but forbear; enough for our purpose has been said; "a word to the wise is sufficient."

Another "hint" we shall drop here, which may be useful. In the case to which we have just directed attention we had the opportunity of noticing, two or three times during our attendance, the physical character of the father. He was one of those coarse-featured men, about seven-and-twenty years of age, of the fighting class apparently, or SAYER school, with a tremendous strong *osseous* or bony system, and a head largely developed. We took a quiet estimate of the man, and calculated upon the chances of the child from the father; in this we were not deceived; for one of the great causes of the delay was the size of the child's head and hardness of the bones, which with difficulty overlapped or yielded to the form of the parts or pressure of the abdominal and uterine muscles. It may appear unimportant to notice trifles such as these, but it was from doing so that we were led to draw the conclusions we did; and it had its influence at a time when *craniotomy* (opening the head, and separating and removing the bones) under the circumstances, in other hands, might have been conscientiously performed.

## CHAPTER XII.

### PRETERNATURAL LABOUR.

*Superior Extremity, Shoulder or Arm Presentation.*

"UP to the present, we have been very successful; our practice has gone on increasing, our reputation extending, and far and near around our locality we are looked upon as a very CLEVER WOMAN. Our success has had its influence over us, for we are grown confident in our own skill, and begin to think ourselves SOMEBODY. All our cases have turned out well, with but an exception or two, and these were BREECH presentations." A favourable state of things, such as the above, is by no means uncommon; we have known it in several instances, [redacted] may easily conceive the possibility, when we reflect

the chances in our favour. Many a Midwife has gone through such successful practice for very many years, and lost her good name just for the want of knowing how to manage one of those *rare* cases which may not take place once in a life, or at any time.

An occurrence of this kind happened in LEEDS, some few years ago, and it is quite possible that the husband, who has since married again, will see it reflected in our present description; for he is a man of good capacities, and devotes some share of his attention to the study of health. His wife, the mother of three children, if we remember rightly, had been attended, by her own wishes, in her labours, by a Midwife; she got through them well, and her "gettings up" were favourable, but her last was a "preternatural," *shoulder or an arm presentation.* The Midwife always trusted to NATURE, and had hitherto done well, but for the want of understanding the mechanism of *labour*, and its complications, failed in this, lost her reputation, which had taken her many years to gain, and sacrificed a life that doubtless might (had she been properly instructed) have been saved. True, the patient did not die exactly under her hands, but she was so much exhausted through the long and continuous efforts to do what her powers were not equal to, that she could not endure the ordeal which experience has established as positively necessary in such a case, and died under the hands of the Doctor, who had been called too late to her relief.

The most simple things in the world require study and practice, and no prudent woman should venture upon any kind of work where her own good and the good of others are concerned, without calculating the results. Have we done this? Have we read carefully through the work which has been put into our hands? do we understand it so far as we have gone, and have we confidence to undertake such cases as have already been described? Can we reply satisfactorily to these questions? If so, then we may venture to go through with the study which we have undertaken, without fear or danger. Yes; difficulties cease to be so, where we understand and know how to work them out; as things which are simple become difficult, where they are not understood.

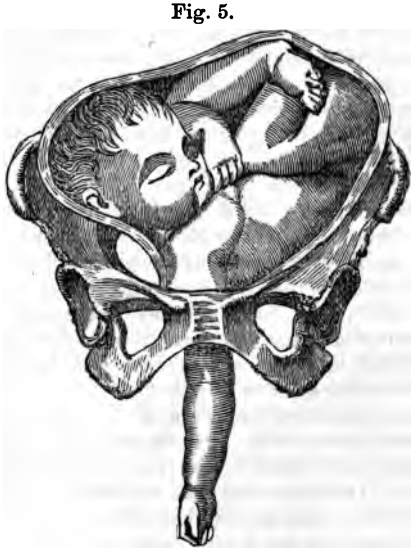
Again, then, we are at our vocation. It is two o'clock on a winter's morning, and we are hastening through the *snow* at the call of the husband of a poor woman, about

half a mile from our own house. We wish he had let us remain in our warm bed until it was time to get up; but wishing is of no use,—we are a Midwife; not one in our neighbourhood but knows us; and early or late, frost or snow, wet or dry, hot or cold, rich or poor, we go to our business; for we accept it with all its responsibilities, as well as its objectionable and pleasurable parts.

How many labours have we attended during our practice? We calculate them as we hasten along the narrow streets, lit with a solitary lamp, and conclude that at least we have had (and ours is not an extensive locality) not less than from eight hundred to a thousand; in the whole of which we have been fortunate, having never lost a mother, and not half-a-dozen children.

Our present is a different case from any that we have had; it is a genuine "cross-birth," or SHOULDER PRESENTATION, with the arm prolapsed (extending from the womb), and if we examine the position of the cut here inserted, we shall be able to form some idea of its mechanism.

Fig. 5.



SHOULDER PRESENTATION—PROLAPSED ARM.

Of the signs of this rare presentation, little need be said, inasmuch as there are no positive premonitory

symptoms preceding it. It comes on in the same way as all others. We are satisfied, however, upon making our abdominal examination, that there is something unsatisfactory, which as the pains advance becomes more certain; for we can now distinguish, through the protruding membranes which we have felt sensibly with our finger, the *hard rounded outline of the shoulder*. Now if we have never considered or studied the theory of such a case, great mischief may arise before we can become aware of it, which timely knowledge will enable us to prevent. It is from the want of this that the arm is in its present position. We see, and can clearly understand, that the labour must have progressed considerably before it could be as it is; the waters in nine cases out of ten will have broken and rendered the whole more complicated.

We have satisfied ourselves that it is a "cross-birth," and having done this, we must now endeavour, between every pain, to change the position of the *fœtus in utero*, so as to bring about some more favourable presentation; gentle and regular external manipulation will doubtless do this, if it is done early in the first stage, and before the membranes have ruptured. Let us reflect for a minute or two upon this proposition. We are aware it is a suggestion that has rarely or never been put into practice; nevertheless it is a very important matter; and as there is no risk of injury to our patient there can be no harm done in trying the experiment. Before the rupture of the membranes the child floats within the womb completely surrounded by the *fœtal waters*, and is in a condition to admit of a change of position without any great difficulty, and if the slightest effect can be produced between the pains, each as they succeed will assist to bring about that which we seek to do. *Let the* Midwife *consider this, and all in fact who are engaged in the practice, whether male or female.*

BREECH presentations were at one time considered equally dangerous; they are not so now; why? simply because we have learned how to assist Nature over her difficulty. Our practice was to force the breech or buttocks back; pass the hand into the uterus, lay hold of the feet and make a footling case of it, to the loss of nearly every patient. Our present practice in shoulder presentations is equally hazardous, and yet there remains no other that we dare rely upon in the absence of that

which we now propose. We suppose, therefore, that the membranes are unruptured; that we have detected the "round hard outline of the shoulder," as the presenting part, or that even the hand has commenced its descent, for we have felt the fingers, and in addition to this the transverse or *cross feel* of the abdomen which at first produced the "unsatisfactory impression." There is therefore now no longer a doubt. We proceed at once the discovery is made (the earlier the better) to transform the presentation, which is a difficult "cross-birth," into either a "natural" or a "preternatural;" and in order to effect this, we endeavour between each of the pains to alter the transverse or "cross" position of the child. We have already said that "the *fœtus in utero*, previous to the breaking or rupturing of the membranes, floats within the womb surrounded by the fœtal waters, and can in almost every case be easily turned, so long as it remains so." It will matter little what the presenting part is made so that its present transverse condition be altered. The Midwife will, therefore, between the pains, endeavour by gentle but regular lateral and upward pressure to change or turn either part of the fœtus; that is to say, she will alter the *cross* to the natural position. But can this be done? it may be asked by the sceptical. We reply, most undoubtedly; for it is a fact well known to every experienced accoucheur, that nature without any assistance often effects the change we are now speaking of. What is the particular uterine action which we call "spontaneous evolution," or the sudden change of position which nature now and then brings about in these *cross* or shoulder cases but that which we are called upon to aid in doing? the very fact that NATURE does do it, *and sometimes under the most unpromising conditions*, is the best proof that we can give of her readiness and power to do it *at all times*, if the necessary help in proper time be afforded her. This help, up to the present, has not been given, because the true nature of such cases has not been considered; or, in other words, the idea has been so simple that no one has thought about it. Our present labour is now in this state: It has gone on without help; we made no efforts to alter the position of the child, while we might have done it; the arm has prolapsed and the shoulder is wedged tightly down into the lower or inferior part of the pelvis. We waited for this, because

we had been taught by the best writers that it was the only proper practice. Nature may deliver our patient by "spontaneous evolution," but we cannot, must not, dare not trust her beyond a certain point; that is to say, we accept the philosophy of "shoulder presentations" as taught, and wait the exact time when we can with safety introduce our hand into the uterus, seize the feet, bring them through the *os uteri* (mouth of the womb) make a "footling presentation" of it, and leave the case for Nature to complete. We accept this as the alternative or solution of the difficulty. Of its disadvantages we need say nothing; they are too well known, so well in fact, that few practitioners care to undertake the responsibility single handed.

We, too, know this, and have wisely called in other aid; together therefore we decide upon *making the effort to turn the child.* The Midwife will now notice particularly our method of procedure. We have waited carefully upon Nature, so far as we understood how to do it, and as every pain assists in the *dilatation* of the mouth of the womb, in this as in all cases, we find it has arrived at that stage, where, had it been a *natural presentation*, the child might have been safely born. As a RULE when the *membranes rupture*, the parts are *sufficiently dilated.* It is this period of the labour which we now seize as best fitted for effecting our purpose; we must not wait for the membranes to rupture; on the contrary, we should be careful to keep them entire, *i.e.*, we must understand there is more safety for both the mother and child so long as they are unruptured, and be careful to do nothing that can have a tendency to rupture them. Presuming therefore that the parts are dilated and everything favourable, we place our patient in the most comfortable position, either on the back, knees, or side, as convenient. Most accoucheurs prefer the left side, with the hips as near to the edge of the bed as possible. In this position the hand, left or right, as convenient, having been first well lubricated or covered with lard, is "cone-like" gently insinuated or carried immediately after the subsidence of a pain into the uterus. In this position, should a pain come on, as it possibly will, let the fingers be opened out and the hand laid flat and quiet upon the "unruptured membranes;" as soon as the pain is gone, an opening may be made with the nail of the

index, middle and other fingers, as convenient; this done the midwife will pass her hand within the membranes, and lay hold of the feet or foot (either will do), and as her arm, which completely fills up the mouth of the *uterus*, prevents the *liquor amnii*, or "fœtal waters" from escaping, the "turn" is easily accomplished; for as the foot or feet are brought down the "prolapsed" arm easily passes up. Nature, in fact, gives an evidence here of her powers, for the work of turning is positively done directly the fœtus receives the bias.

The *foot* or *feet* having thus been brought down the labour is left to Nature. It is now a footling case and is managed in the same way (see page 62).

Fig. 6.

SHOULDER PRESENTATION—TURNING THE CHILD.

The Midwife will notice that the *accoucheur* has seized hold of both the feet here, but this is not absolutely necessary; some prefer one foot only, and contend it is better and safer to bring down one only; either will answer; the great consideration is, how best to change the *cross* position of the fœtus to the vertical or straight axis of the pelvis; this done, Nature will do the remainder.

Throughout the whole labour there is no other consideration, and the moment the Midwife detects the "cross," she should direct her whole attention to this object.

It is not always that the case can be carried through with the regularity and order described here, for like any other form of labour it may have its attendant difficulties. The mother may be delicate, the blood deficient of its lubricative and relaxing elements, the parts may be rigid, unyielding, and dry; the pelvis contracted or deformed; or the membranes may rupture in its early stages. In all these conditions there is no alternative but to support the patient's strength, wait upon Nature, and seize the opportunity best suited for *turning*. Until the parts are sufficiently dilated, it is impossible the hand can be passed, and any attempt to do so would be most injurious. We propose to speak of the complications of this, however, and other labours, in a distinct chapter; for the present, therefore, enough has been said.

NOTE.—We need scarcely remind the Midwife that this "preternatural but difficult" form of labour is *very rare;* nor need we say that its *rarity* should be no excuse for her neglecting to study it in all its difficulties. Let her not fall into the error of supposing it never can take place with her because it may never have taken place in some other Midwife's practice; on the contrary, let her consider it as possible at any time, and, by study, prepare herself for it; she will also remember that no honorable medical gentleman will refuse to assist her under any difficulty if he finds she really understands her work. We have already said, he "dare not;" but there will be no fear of his refusing under such circumstances; and consequently no necessity for compulsion. A prudent, good-meaning medical man, like all others, must grieve where he finds his best exertions to benefit the poor counteracted by the ignorance of those who assume to do what they know nothing about; but unless he be a genuine "medical snob," as we confess too many are (for we find "snobs" among all classes), there is no fear of unkindness nor opposition.

There is just a little matter or two more which we shall put in italics in order that the Midwife may see their importance. *Let her take care to bring the* FOOT *or* FEET *down in front of the belly or abdomen; for, presuming she were so foolish as to bring them over the back, the difficulty would not only be increased, but the chances ten to one that the spine of the child would be dislocated, and other serious injury done.* In addition, *she should, whenever such a case as this or any other may occur, of which she may be doubtful, make the friends of the patient acquainted with it as soon as possible, in order that the best may be done to relieve herself of a responsibility which wisdom and prudence have long determined necessary even under the most skilful management.*

The student will find nothing written but what has been

gathered from experience, and will know that in cases of "shoulder and arm presentations," as in every other, no violence must be employed. Pulling the arm or forcing it back cannot be other than mischievous. Many, for the want of the knowledge here given, have foolishly tried these and other experiments to the loss of both mother and child.

It is useless to turn to books or authors under the hope of finding anything satisfactory, for all of them differ in opinion upon every point where something positive should be known.

"Spontaneous evolution," says Dr. Denman, "may take place under a shoulder presentation, as follows:—After the membranes have broken for some time the uterus acts with such considerable energy that the body of the child is forced down into the pelvis, and an unassisted case occurs; the BREECH being expelled first." Drs. Douglass, and Ramsbotham, are not satisfied with this, but contend, that although the labour may terminate without any assistance, that the child is born "completely doubled up."

We certainly are more inclined to favour the opinion of Dr. Denman, but presuming Drs. Ramsbotham and Douglas to be right, their opinion is even a stronger evidence in favour of the powers of nature.

Speaking of Dr. Douglas, MERRIMAN says, "Dr. DOUGLAS, of Dublin, has most obligingly presented me with a very interesting pamphlet on this curious subject; the process of which he explains most *satisfactorily* and *clearly; and he is rather sanguine in his belief that the* SPONTANEOUS EVOLUTION WOULD MORE FREQUENTLY TAKE PLACE IF MORE FREQUENTLY TRUSTED TO NATURE."

Accepting these as the opinions of the most talented and experienced accoucheurs, what remains, but for us to decide for ourselves according to reason and common sense.

Before us, in such cases, we have two evils; we choose the least; *wait*, *watch*, support our patient, and when the proper time arrives, if we fail to effect our object by external manipulation, TURN AS DIRECTED.

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## CHAPTER XIII.

### PRETERNATURAL BUT DIFFICULT LABOUR.

*Placenta Prævia.*

THIS very rare presentation, like that of the Shoulder or Arm, may not take place once in a life, or at any time. Its average estimate is about one in ten or twelve hundred; that is to say, presuming we have a very extensive practice, we may calculate that one in this number of

cases will be "Placenta Prævia." By Placenta Prævia is meant where the after-birth (placenta), instead of being in its natural position at the *fundus* or back part, covers the mouth or opening of the womb (Prævia, before, in front), and of course obstructs the exit of the child. To clearly understand its difficulties, we must know not only the mechanism of the labour and relation of the placenta to the womb, but also its construction, position, and relation to the lives of both mother and child. The student will turn to page 37, read carefully what has been said of the blood, examine fig. 1, and so far as it is possible through such a representation endeavour to form some notion of the vascular condition of the womb as day by day it keeps pace with the growth of fœtal life. She will remember that the word "Placenta" means *Cake*, because in more ways than one it may be considered as very much like a cake. It is like it in shape, and also in its sponginess; it is in fact a beautiful net-work or combination of blood-vessels united by its membranes to the walls, or inner surface of the womb, and through which the blood is conveyed in its arterialised state to the infant, and brought back again in its carbonised or waste condition to receive that continuous re-supply of oxydation or purification so mysteriously carried on between the mother and child. This placenta then, or life-cake, as we here prefer to call it, thus united to the womb, is connected to the child, we shall remember, by the funis, or navel-string, and through it the blood is passed and re-passed continuously from the commencement to the termination of gestation or pregnacy. It is now nearly at its full growth, completely covering the opening of the womb, and through it the "blood," which is the "life" of the mother, is rapidly and regularly communicating or conveying life to the child. Again, then, we shall presume ourselves called to our work, and not unexpectedly; for we have been anticipating it for the last two months. Yes, about five or six weeks ago we were hurried off in the night expecting something, but knew not what. We found our patient more *frightened* than *hurt*. There were, it is true, a few pains, but nothing more, excepting a slight flooding or hæmorrhage, which passed off harmless, however, in the course of an hour.

A fortnight after, we were called in the same manner,

but this was also a false alarm. What the causes of this were we might have known had we understood our work, but we did not; and returned each time wondering "whatever was up." Being a Midwife, of course we ought to have known. What was the cause, then? Let the student run her eye over the following cut, and she will see that we have directed attention to the placenta by the letter *a*; there it lies completely covering the mouth of the womb, which is already partially dilated. This slight or partial dilatation is a premonitory symptom of labour, and the loss of blood or *hæmorrhage* is in general an evidence that the placenta, either partially or wholly lying, as it does, across the *os uteri*, is torn or ruptured by this first or premonitory effort. Observe the line and letter *b*, and consider for a moment that the blood, by which the fœtus now lives

Fig. 7.

PLACENTA PRÆVIA.

and has been built up, has all been conveyed by myriads of blood-vessels through the soft, spongy "life-cake," and

the funis or navel-string uniting the child to the mother. *Look at it* AS THE MEDIUM OF LIFE TO BOTH, and fancy what the consequences may be in such a case, were the Midwife ignorant of its true character.

For the third time, then, we are called to our patient, and find the symptoms more severe than in either of the others; the bleeding is more profuse, and the pains more constant. Our vaginal examination leaves no room for doubt, for we feel the soft, spongy, placental mass, instead of the membranes and head, as in a natural case, and know the labour has commenced. Of the position of the Infant we can know nothing beyond what we may gather from the abdomen; this, however, is of little consideration; our business is to watch our patient steadily, paying particular attention to the uterus, for there is no time to be lost, not a minute, in fact, after it is sufficiently dilated to admit the artificial aid which experience has proved positively necessary in such a case. But why is artificial aid necessary? Now look at the placenta covering the mouth of the womb, and understand that every pain ruptures or tears it away from its attachment before the time allotted by Nature, when the separation may safely take place. In "natural labour," soon after the child is born, the uterus contracts, and as the placenta and membranes peel off, the blood-vessels which were united to it for the supply of the child, contract also; hence we find that in general no more than a single clot follows after the placenta has passed; but in this case it is forced or torn away by the muscular force of the uterus before its time, that is to say, *before the birth*, when the communication between the mother and *child* is in full action. Can we leave it to Nature? No! Why? Simply because Nature can have very little chance where her efforts are opposed by such an unnatural obstruction. Under these circumstances we must bring Art to supply the place of Nature; if we do not, the struggle being unnatural, our patient can have but little chance for victory.

The Midwife will be careful to observe that we are speaking of complete "Placenta Prævia," not partial; that is to say, not the less dangerous form of it where the attachment is on either side, or only crossing the mouth of the uterus in part, and where she may or may not be called upon to render artificial aid. We can do but little more, it is true, than keep our patient as quiet

as possible, and wait; but for how long? it may be asked. We reply, until the uterus is sufficiently dilated to admit of aid; and that can only be known by careful vaginal examination. There is one thing, however, which is greatly in our favour, and that is, the extra dilatability of the parts in such cases, arising, doubtless, from the relaxed condition of the system through the loss of blood and the resisting force which Nature puts on where we interfere unnecessarily.

Assuming, therefore, that the labour has gone on up to the point where "interference" is necessary, we bring our patient into proper position, and proceed to gradually pass our fingers "cone-like" (see page 61) into the *uterus;* and this we do, by gently peeling off the attached part from either side; the hand is then carried up over to the top or back part of the womb, or fundus, taking care to do it gently and to flatten the hand during the paroxysm of a pain, when the membrane may be ruptured with the finger nails, as recommended in "shoulder presentation" (see page 72), the feet seized and brought down in the same way. It then becomes a footling presentation; the feet, however, are to be brought through, and the nates or buttocks as speedily as possible; after which the patient may be allowed to rest a little in order to allow Nature time to make an effort to expel the body and head. This is doubtless the safest and most satisfactory practice in such cases; but as in all others of an extremely difficult and dangerous nature, the Midwife should obtain other aid as soon as possible; no matter what her ability or experience may be, it is right and proper to do so, and not only is it right in her, but in the most experienced male accoucheur in the world; as a principle and duty it should not be over looked.

The old practice in complete "Placenta Prævia" was to push the hand through the whole substance or placental mass, seize the feet and bring the child down in the same way as described; but this is rarely done now; never, in fact, excepting by a few practitioners who cling to old customs.

What has been said in regard to the present case applies also to "partial cases;" that is to say, to those where the "Placenta" is only partially adherent on either side; and their management must be determined by the judgment of the accoucheur. In all "complete cases," experience has settled the mode of delivery here laid down; in partial cases, and where there is no great obstruction, it would be wrong practice to interfere. The

common fear in complete "Placenta Prævia" is, the "Hæmorrhage," or drain upon the system; of course this is UNAVOIDABLE, and if it passes beyond that point upon which the life of the patient or child depend, there is an end to all further effort.

It is here where judgment and experience are requisite; not that all the experience or judgment in the world can save where the powers of life are unequal to the occasion, or where the complications are so great as to render the delivery impossible.

The secret of success in this as in all "preternatural but difficult cases," is to support the patient's strength by NUTRITIOUS DIET and PROPER MEDICAL and HYGIENIC APPLIANCES; but we propose to treat of these in distinct chapters, seeing that the same means are equally beneficial to all.

The Placenta should be removed directly after the delivery, but in this there will be no difficulty, as it is almost immediately expelled; if it should not be, however, it will be necessary to remove it, in order that contraction of the uterus and lacerated vessels may be excited at once.

The student will remember that in this, as in all difficult cases, violence is unnecessary; she will, in all her attempts, simply endeavour to remove the impediments that stand in the way of NATURE, and a little reflection will convince her that if the "Placenta" can be detached from its adherence over the mouth or outlet of the womb, further laceration will be arrested and the communication between the mother and child will continue uninterrupted, or at least if not entirely, sufficiently to ensure the safety of both. There is no life apart from the blood, and we see it so clearly in the case now under consideration, that there cannot possibly remain an excuse for longer continuing in ignorance of a fact of such importance to the student and Midwife, that, however extensive the knowledge, or great the experience in other parts of the study, without it, they become comparatively of little value.

It must not be supposed that under all circumstances of "Placenta Prævia," Nature is incapable of carrying the patient safely through; or that without the "Artificial aid" which we have recommended, every case would be lost; cases have occurred, we know, where no "aid" has been afforded, and yet the patient did well; but the danger is too great to be hazarded, and no prudent practitioner should trust to it.

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## CHAPTER XIV.

### COMPLICATIONS OF LABOUR.

HITHERTO we have spoken of labour as relating to its "stages and classifications;" we shall now consider it in its "complications."

The student will not allow herself to be frightened at these words, nor assume that there is anything likely to

puzzle or alarm her. By "complication," she will understand anything connected with "labour" different from what may be expected. *Hæmorrhage*, for instance, or "flooding," is a "complication."

*Twin* births, which occur about once in a hundred, or *Triplet*, once in four or five thousand cases, are "complications," so also are *rupture* of the *womb*, *perineum*, *vagina*, bladder, &c., &c.

Presuming, therefore, that we are called to a case which may turn out to be "complicated," say,

### PLACENTA PRÆVIA,

as illustrated and described in the last chapter, we know that such a labour is not only "preternatural," but "complicated," with *unavoidable hæmorrhage*. The practice in such cases has been explained, and the Midwife can have no authority beyond this and her own good judgment. The danger, if any, can only be determined by the physical condition of the patient, and the position of the *placenta*. If it be *complete*, there is no alternative but to support your *patient* and attend to the *hygienic* and *medicinal* requirements, as already stated, and wait until the parts are sufficiently dilated to admit the passage of the hand. (See and study last chapter carefully.) If, on the contrary, the case is incomplete or "partial," the flooding will be in accordance with the portion of the *placenta* ruptured by the *dilatation* of the OS UTERI; and the delivery may be effected either without "turning," or with it, as necessary. In addition to the *hæmorrhage*, or flooding, arising from *placenta prævia*, as already described, there are other cases which it will be as well for us to consider, although we think it all but impossible for them often to occur, excepting through improper management. Under ordinary practice it is no uncommon thing; but in the hands of any Midwife who conducts her labours agreeably with our instructions, it will, we feel assured, be a great rarity. At any time during *labour*, or even after it, flooding may, it is true, take place; and this is called, by way of distinguishing it from the last, which is "unavoidable,"

### ACCIDENTAL HÆMORRHAGE.

Let us consider, then, what accidents may lead to this, and what are their causes. Doubtless, straining the parts

through over-reaching; falls; blows, or violence of any kind inflicted just before the commencement of labour may give rise to it, or it may arise from the extreme weakness of the patient, or from the separation of the placenta from the sides of the *uterus;* from rupture, or from very strong *purgative, emmenagogue,* or other active medicines; but apart from these we know of nothing; excepting bad managament, to which we can direct attention, as likely to induce *flooding* during labour. Of hæmorrhage after labour *(post partem hæmorrhage),* very little need be said beyond simply stating that it can only arise from a *laceration* of the *uterus* itself, from the *perineum* or *vagina,* or some one or more of the parts or organs engaged in the delivery. There may be, it is true, certain conditions, where the *uterus,* after the expulsion of the *placenta,* refuses to contract, and when, as a consequence, "hæmorrhage," or flooding ensues; but this in almost every case arises from the bad management of the *accoucheur* rather than from any other cause; where Nature has fair play, there is nothing to fear; should "flooding" take place, however, it is necessary to be prepared for it.

The Midwife will doubtless understand the nature of the circulation of the blood; if not, let her refer to the "gravid *uterus,*" and plate, page 37, and read remarks; let her now refer to pages 75, 76, 77 and 78; and now if she turns to the chapter on "Hygiene and Medicine," she will see the remedies, and understand how to apply them. Of these "complications," therefore, that is to say, of "unavoidable and accidental hæmorrhage," nothing more need be said. They may rarely or never happen, or if they should, Nature has not left us without the remedy.

## OF TWIN AND TRIPLET BIRTH.

Twin birth occurs, as has been already said, about once in a hundred labours; and when it does take place, presuming the case to be natural, there is nothing to be concerned about. Nature is equal to the task of expelling two children as well as one. There are just two or three little matters for the Midwife to bear in mind, however, and these are, that whether there be one, two, three or four children within the *uterus,* that each has its *separate membranes* and *placenta,* and that the births are

to be conducted upon the principle recommended in "natural labour." She cannot tell by any previous examination whether there are more than one; nor can the mother tell, although both may have their doubts. Presuming the birth of one child to have taken place at any time, it is always proper for the Midwife to satisfy herself that there are no more; and this she can do by simply placing the palm of the hand over the abdomen and using gentle pressure; when, should there be another, the *hard ball-like feeling* (which is not present where there is no second fœtus) will be sensibly felt. Or should doubts remain, it is easy to satisfy one's-self by examination *per vagina*.

Before attempting to remove the *placenta* of the first child, the *second* must be born, or *third*, or *fourth*, supposing such a case to occur; or if the *first*, or *second*, or *third* should lie transversely, that is to say, if either should prove a *cross-birth*, it will be necessary to *turn* and make a footling presentation of it.

No force is necessary in extracting the *placentas*; on the contrary, all possible gentleness and patience should be employed; but presuming, after waiting the time named in natural labour (see page 61), that they are not expelled, *one* funis or navel-string is to be first taken in the hand between the cloth, and then the other.

The fingers may now be introduced and gentle traction employed. It may be necessary to introduce the hand completely into the *uterus*, and this (without waiting) should be done directly after the birth, if *hæmorrhage* or *flooding* accompanies or follows it. Sometimes the second child is born so quickly that there is not time to separate the first; and cases have been known where the *second* has not been *born* for several hours or even days after the first. Nature, however, will generally manage this in time, if we assist and wait upon her patiently.

It has also happened in cases of "twins," that after one child has been born, full-grown and in health, a second has been expelled dead, and much smaller than the first; and now-and-then it has happened that the *placenta* of the first child is expelled before the birth of the second, but this is rare, for although each child has its separate *membranes* and *placenta*, they are generally united at the edges and consequently cannot be expelled

until they are both separated from the uterus; and when this is done they pass together.

## OF LACERATION OR RUPTURE OF THE WOMB.

This is one of the rarest and most dangerous of the "*complications*" of which we shall have occasion to speak. According to Dr. Ramsbotham, it takes place once only in about four thousand labours. It may occur at any time during *gestation* (pregnancy) or *parturition* (labour) and in any part of the organ. The opinion that most generally obtains with our most experienced accoucheurs is, that it is not necessarily fatal; although there can be but little chance for life under such an accident. It doubtless may arise from many causes, but the most general are the improper interference of the *accoucheur;* "forcible and improperly conducted attempts to turn under a shoulder or other presentation, of which sad catastrophe I have (says Ramsbotham) seen more than one instance." Again, he says, "Or it may be caused by instruments in the hands of the ignorant, the careless, or the inconsiderably rash." That these are some of the most general causes there can be but little doubt; there are others, however, which place its prevention entirely beyond the control of human agency, and which may give rise to it under the most skilful supervision, as well as under the hands of the humblest Midwife; and we call attention to these facts rather for the purpose of directing the public and professional mind to consequences that may arise at any time from misunderstanding them. It is only within the last few years that one of these unaccountable "causes" has been brought within the reach of our comprehension; but even at present it is so obscured with doubt and uncertainty that we feel assured we shall be excused for seeking to throw some little light upon it. "Laceration," or *rupture* of the uterus may take place at any time during pregnancy, but if it happen within this period, there can be little doubt but the patient will have brought it on herself by seeking to procure abortion through the agency of poisonous medicines, administered for the purpose.

It has been our fate to know such a case, and to see an innocent man tried for causing the death of a young woman who lost her life through a similar cause. The action of every poison has a tendency, either directly or

indirectly, to weaken the *uterus*, and render it unequal to the efforts necessary for successful labour. Anything, in fact, that reduces the body, may predispose it to such an accident; and here it is that the value of a little knowledge becomes so important; and we feel justified, whilst speaking upon this subject, in saying that full three parts of the *abortions* or *miscarriages* that take place, apart from the severer accident of which we are "speaking," arise more from injurious *drugging* than any other cause. To this, we may doubtless add another "cause," nearly as obscure as the last and yet equally as common. Assuming for instance the case of a shoulder or *cross-birth*: the *head* must necessarily press upon the side of the *uterus*, and if this position of the *fœtus*, no matter from what cause, has taken place in the earlier stages of pregnancy, the gradual and continuous pressure will be very likely to interfere with the uterine circulation, and weaken or retard the regular natural development of the organ, and consequently when under the pressure of labour the weaker part will most likely rupture or give way. This may take place at the time the child is born, or before. If before the birth, and the parts are sufficiently dilated, the practice is to pass the hand into the UTERUS, seize the feet and bring them through the *os uteri*, as in "arm presentation." This is not done, however, so easily; for the child in the majority of cases is forced through the rupture, and unless the accoucheur is aware of it, he may be seriously perplexed to find the *uterus* without its occupant. There remains no alternative in such a case, however, but to follow the child through the rent, seize and bring it down as directed. It will be sufficient for us to say that Nature has been known to carry a patient through such an ordeal safely, but the chances are fifty to one against it. As a "complication" we can now see where it is "unavoidable," whilst we accept the causes more generally assigned to it by Dr. Ramsbotham "through instruments in the hands of the ignorant, the careless, or the inconsiderately rash."

### RUPTURE OF THE BLADDER.

Little need be said, beyond stating the fact that wherever this takes place it is through "ignorance;" we shall not soften it down with the words "instruments, careless, or

inconsiderate rashness," for under none but the most "ignorant" can such an accident take place. That it is very often caused by the use of instruments is true, and very rarely through any other. It may arise from the Midwife neglecting to attend to the *rectum;* that is to say, through the lower bowel being distended with hard fæces which should have been removed by an enema or injection. But even in such a case, although it may retard labour it can scarcely become the cause of rupture. In no case can the Midwife be excused for overlooking this, and she will see, if she turns to page 40, that it was one of the questions put to the patient by the Nurse; where it has been neglected, however, the Midwife will do well to see to it at once. A good *enema* or clyster-pipe is an instrument she will require, and with this she can be provided at either of our establishments. Keep the *rectum* (lower bowel) free from distension, and see that the bladder is equally free, and there is nothing more necessary.

## RUPTURE OF THE PERINÆUM.

This, like the last, is caused all but universally through the use of instruments; we have never had the slightest rupture of any kind connected with the part. By "perinæum" we mean the space between the *rectum* and *vagina*. We shall, therefore, say no more than we have already said: See that the *bladder* and *rectum* are free from distension. Doubtless the "bladder" may require to be relieved by the use of a catheter (a small gum-elastic or silver instrument), which any Midwife may pass into the bladder with as much ease as the ENEMA can be passed into the rectum. This little 'instrument' may also be had at our Establishments, which no practical Midwife should be without. She may not require to use either of them three times in a hundred cases, still she should have them. Beyond these, we know of nothing that can be of any use to her.

NOTE.—A case of rupture of the *bladder* and *perinæum* came under our notice some two or three years ago, in London.

A little woman, Mrs. B——, the wife of an upholsterer. In attending her for her second child we felt something prick our finger, which, upon investigation, turned out to be a piece of silver wire. She had been delivered of her first child by the *forceps*, had been ruptured in the *bladder* and *perinæum*, and underwent what is called the *recto-vesical operation* (cutting

down and uniting the torn parts with *sutures*). One of these had been left in, and not until we delivered her, which we did safely, could the wire be extracted. Poor creature! she could never feel grateful enough for the ease with which we carried her through her labour, for her comfort in "getting up," and the relief from the torture so long endured by the continual irritation of the *wire*.

In addition to the causes of *laceration* already named, there are others which grow out of the numerous complications that may at any time be connected with "preternatural and difficult labour." It is all but impossible, however, for any of these to transpire under the management of a skilful Midwife, and if we call attention to them it is for the purpose of pointing out the possibility rather than the probability, and also to enable her to know the origin, of evils which can rarely if ever follow her more natural and careful practice.

Speaking of the injurious effects of instrumental or mechanical appliances in effecting delivery, Dr. Trask says, "There is in the museum of the NEW YORK HOSPITAL a specimen of *rupture* of the *anterior wall of the uterus* and of the *bladder, by the forcible introduction of the forceps.*" MURPHY, in his "Principles and Practice of Midwifery," with the laudable desire of pointing out the evils, says, "Dr. Campbell related a case in which a rent in the CERVIX (neck of the uterus), VAGINA (passage or entrance to the womb), and PERINÆUM (the part between the vagina and *rectum*) was caused by dragging with the *forceps* a HORRIBLY MUTILATED FŒTUS through a pelvis which was ascertained to be too narrow to admit the transit of a living fœtus." The same excellent and careful writer, speaking of other causes says, "Another mechanical cause depending upon mismanagement arises from the improper administration of *ergot of rye*.* * * We have already pointed out its influence upon the life of the child, and have now evidence of its effect upon the life of the mother." Mr. Coward relates a case in which a powerful dose of ERGOT OF RYE was given by a Midwife without regard to a very rigid *os uteri*. Most violent uterine action was set up. After some time prostration ensued and she very soon expired. The *post-mortem* inspection (examination after death) exhibited a large transverse rent, posteriorly and at the neck, through which the fœtus passed into the abdomen. In another instance a strong healthy woman was taken in labour with her tenth child; after five hours the pains ceased; the Midwife gave ERGOT; the pains returned and the womb burst. Delmas relates the case of a young girl aged twenty, in good health, and in labour for her first child; after eight hours' labour the *os uteri was very nearly dilated;* the waters escaped, and she seemed doing well; her attendant, however, gave her a dose of *ergot of rye;* the pains increased, but the head receded; she was found exhausted; the *shoulder presented* and the child was turned; she died in a few days."—Vide Murphy's "Midwifery," page 523-4 and 5.

It is not necessary for us to enlarge here, nor to say anything of "complications" beyond those already given. There are, it

is true, a few which the Midwife should know, such as PROLAPSUS, or falling of the umbilical cord, FUNIS, or NAVEL-STRING; FACE PRESENTATION, COMPACTED HEAD, Inversion of the uterus, DEFORMITY of PELVIS, NARROWNESS of the OUTLET, TUMOURS or POLYPUS in the neck of the UTERUS or womb; HYDROCEPHALUS or water in the head, &c.; but these are so rare that they may never be met with throughout a long practice, or if a case should occur which may be likely to prove dangerous or beyond her skill, she will not fail to remember her duty and call in other aid to share the responsibility. (See page 74.)

Should the question be asked, "Do you believe it possible for a woman to carry a "complicated" case of labour safely through, where it may become absolutely necessary to introduce the FORCEPS; turn the child; excise a POLYPUS or TUMOUR; or perform CRANIOTOMY or the Cæsarian operation?" (open the abdomen and extract the child.) Our reply is, "Yes; equally with man, if she were educated up to the requisite standard." In the absence of the "education," however, she can, with the instruction derived from a well-written book, do all that man can, or ought to do, single-handed. In the generality of cases in which it is now considered necessary to use mechanical or operative means, it is not necessary at all; and where it is, or where it is presumed to be, neither man nor woman should do alone, that which *prudence, humanity, reason, and public and professional* opinion unite in condemning as *thoughtless, rash, and inconsiderate.* Admit this, as all good men do, where is the advantage of our attendance over that of woman? In cases where danger is presumed, we wisely call in other aid. The Midwife, with this security, is equal to the best of us; without it, in the *rare* and trying cases which we have named, what patient or *accoucheur* is safe?

There are "complications" which follow the birth, but which, like the last-named, do not come often, and when they do, they arise more from bad management than from any other cause.

"After-pains," as we call them, and which are common in all cases, simply arise from the gradual contraction of the *uterus* after labour; and if anything occurs to interfere with the regular circulation of the blood, whether it is caused by mechanical interference, poisonous medicines, cold, inflammation, or any other, the natural and uniform reduction of the organ is so disturbed, that it cannot perform its office. It contracts under

these circumstances SPASMODICALLY, inducing what has been called "Hour-glass contraction;" that is to say, the womb becomes constricted in the centre, or drawn together in the middle as with a string. The "spasm" is not always confined to this part, but may affect any other. In general, however, it is so, and we name it here in order that the Midwife may know what evils arise with others through bad management rather than what is likely to arise under hers.

The treatment will be found in the following chapters.

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## CHAPTER XV.

### DISEASES OF GESTATION, MIDWIFERY, &c.

THE diseases under which "child-bearing women" suffer are often numerous and severe; there can be no doubt, however, but that their severity is greatly increased through the want of knowledge on their own part, and often through the imposition and ignorance of those who are called to treat them. That little can be done in a book so small as this, to work out the subject elaborately and comprehensively may easily be conceived; all that can be done, however, shall be, and the *mother* or Midwife who may accept it as a GUIDE will find it truthful and trustworthy in all cases that come within the range of domestic treatment. Where the case is doubtful, or requires more than ordinary skill, it is neither *economical*, *prudent*, nor *safe* to trifle with it; and we shall do no more than simply name it, leaving the patient and friends to decide as to what is best to be done under the circumstance agreeably to themselves. Where it is simple, on the contrary, there its *causes*, *symptoms*, and *treatment*, will be explained, and the remedies (so far as it is possible) brought within the means of the simplest and poorest.

"In sorrow (said the Divine Lawgiver) thou shalt bring forth children, and thy desire shall be to thy husband." That these words are literally fulfilled in the fitness and constitution of woman in a state of civilized society none will dispute who know anything of the nature of woman's life; and how to mitigate the "sorrow" upon

the one hand, and temper the "desire" upon the other, so that the health and happiness of the family circle may be promoted, should be the physician's only aim. The objects that stand in the way of domestic happiness are distressing and numerous; none more so, however, in the marriage state, than the want of children. And nothing that we are aware of is so fruitful of QUACKERY and imposition as this want; hence the numerous advertisements which appear continually in our daily and weekly press, from the ignorant unprofessional scamps with which our cities abound. The "desire" to bear children has ever governed the marriage state in all ages of the world, and where this blessing is not found, it is, as a rule, not only a source of discomfort and unhappiness to both, but often the cause of a misery relieved only by death. There are none to whom this evil is so manifest as the experienced honorable medical man; hence it is that his services are often called into requisition in order to remove some cause, trifling perhaps in its nature, but which has prevented the consummation of the "desire," and been a source of unhappiness for years.

The question often asked by the husband and wife, as well as by friends and neighbours, after the first twelve months of marriage has passed without conception, is, "whose fault is it?" Both are young and apparently in health, and neither the one nor the other can give a satisfactory reason.

Considering therefore this question as the first, and one of the most important in relation to the happiness of the married pair, we shall examine it under the head of

## UNFRUITFULNESS, OR IMPOTENCY.

The causes of this are doubtless sometimes deeply seated and beyond the reach of human skill; in the majority of cases, however, it is as amenable to proper medical and surgical treatment as the generality of diseases. On the part of the MAN there may be causes both *physical* and *mental*, which he may suspect, but of which he knows nothing positive. Of these causes he often prefers to remain silent, however, rather than submit his thoughts to even a medical man. In this way, years, or even a life of misery may be passed, which confidence in some honorable medical adviser might have easily removed.

This condition of life, whether in the married or single, is very distressing; and many men prefer to remain *unmarried*, rather than risk the chances of union in such a state. The WOMAN may in reality be in a condition to conceive, and even the MAN be comparatively strong and healthy, still the deficiency is manifested in the fact that they are CHILDLESS. Or the MAN may be all that a man can be in reality, and the WOMAN comparatively so, and still be childless. Just a case or two by way of illustration. A young strong man, a shipwright, was engaged to be married, but was in such a state of nervous agitation as the day drew near, that he was sorely tempted to either "run away (as he said), or destroy himself." In this condition he came to us. Like many other young men he had *trifled with himself*, and from this fact, and through reading the advertisements and books of abominable quacks, he was so horrified that he felt his "life a burden." We did nothing more than simply ease his mind by explaining the laws of life, pass him through a painless operation, ordered a course of domestic hygienic treatment, and gave him a little medicine to strengthen the system. In a fortnight after he married, and in less than twelve months, he called to express his gratitude for the good we had done him, and to tell us with joy that he had become a FATHER. Another case of a singular kind, a MAN, a machinist, in business for himself, had been married four years; his WIFE, he said, was "barren." His purpose in calling was to know if we could do anything for her. Our first question was, "Was he sure the fault was hers?" He was not certain, but thought so; We examined him and concluded the deficiency was in HIMSELF. We treated him for a fortnight surgically and medically, and had the satisfaction of attending his wife in her confinement in less than ten months after. Another case (see wife of a working man, page 54). This man was a smith, and had been married five years. He laboured under slight urethral disease, which affected his system generally; we removed it. He then sent his WIFE, "Jane," as he called her, who suffered from sympathy with him (which is very common), rather than from any other cause. We left no question unasked, and found upon examination, that there was no *physical impediment*.

"And you have been married five years (we said) and have never had a conception you say?" "Yes sir."

"Well if you take my medicine (speaking of course jocularly) you will be sure to have a Baby." "Shall I, Sir?" she replied smiling at the same time; "Well I don't care about it so much for my own sake, but TOM (meaning her husband) would like one." Aye, there's the law. "Thy desire shall be to thy husband." It was Tom that she thought of; Tom was not happy, he wished to be a FATHER; and what man worthy of the name does not? "But why did she not care about it for her own sake?" we asked. Her reply was, "she was afraid she should never get over it; for some young woman, a fellow-servant of hers (she had been a servant), had died in child-birth;" such was her impression. "Well now (we said, half in earnest and half in joke), if it should take place, as we presume it will, if our life is spared we will attend you in your confinement." She left, but came to get more medicine for about three weeks; after which we saw no more of her for full seven months, when one evening, Tom, her husband, came, as big as a lord, bringing his wife with him leaning upon his arm. "Jane wishes to speak with you, Sir," he said. And sure enough there Jane was; she had come to remind us of our promise. The *sequel* is seen in the case related. Tom became truly a happy fellow; a good HUSBAND and MAN he always had been, but still he wanted something, and that something it pleased Providence to give him. And really it was a pleasure to see the delight he took in the *child* as it grew up. Every leisure hour he devoted to it, and rarely or never did he go out of an evening if the weather was fair, and never of a Sunday, without it.

We must not linger, however, nor occupy our room over these cases. One more, however, we must relate. A fine healthy strong young married man came to consult us upon a subject of "great secrecy," as he said. He had been married two years, and no sign of conception was visible in his wife. The "fault," we found on examination, was not in him. "He knew it was not (he said), and his wife knew it also." They both knew the reason, or thought they knew; but until now she would not consent to consult any medical man upon it.

He came, however, rather to prepare the way for his wife, than from any other reason. We explained to him the cause, and in the course of a week he came again, bringing his WIFE with him. She was exceed-

ingly timid, rather delicate, very well formed, good-looking, and about the middle height. Upon one condition only would she submit to *examination*, and that was that her husband should remain in the room with her. We offered no objection, but on the contrary rather acquiesced in her wishes. There was nothing, we assured her, to trouble about. Nor was there; for we found, as we suspected, the fault in the *hymen*, which in this instance all but covered or blocked up the entrance to the vagina. It was so firm and strong that for the two years of her marriage her husband had failed to rupture it. We divided the membrane, and having removed the cause of her "unfruitfulness" by this simple and painless operation, she has since blessed her husband with several very fine children. In addition to the cases already described as inducing infertility and impotency, there are others which can only be removed through proper Hygienic and Medical supervision, but these we must pass over, by merely saying, we have given what we have as evidences of facts bearing immediately upon marriage life, which if understood cannot fail to be beneficial, inasmuch as both parties will be led to see that the fault is as common with one as with the other. It is not presumed that such defects can be treated domestically; still it will be seen that they come within the range of skilful *medical* and *surgical* treatment, and at the same time it is hoped may open the eyes of sufferers to the folly of wasting their days in hopeless recrimination and despair, and point the way to satisfaction and future relief.

## "MONTHLY COURSES," OR THE MENSES.

The irregularities or forms of disease connected with the life of woman, like "unfruitfulness," belong rather in their distinctive features to the remote than immediate diseases of midwifery; it is impossible, however, to overlook them, and we therefore find a place for a few brief remarks. To say that at a certain period in woman's life the "monthly courses," or "menses," make their appearance, and that if they do not there is something wrong, is to say only what is known to every mother. From fourteen to eighteen, or it may be a trifle earlier or later, we naturally expect this *monthly discharge*. Of its character

we shall say nothing, nor ask ourselves why it is peculiar to woman; nor shall we speculate as to the nature of its purposes or uses in the economy of human life.

All we can deal with here is the disturbance and disorder which at peculiar times may seriously affect her. If at the period of life named, that is to say, from "fourteen to eighteen," nothing has been seen, the constitution will generally be disturbed. The girl will become pale and spiritless; the skin will assume a greenish shade; she will suffer from pains in the back, loins, and hips, with occasional relax of the bowels, flatulency, costiveness, with occasional acidity of the stomach, palpitation, &c. This condition of the system is generally called

## RETENTION OF THE MENSES—CHLOROSIS, OR GREEN SICKNESS.

The way to cure it is to restore order in place of the disorder which has given rise to it. The causes of the difficulty, whatever they are, must be first removed; this done, let proper "hygienic" and medical means be applied. Change of air and scenery, lively, cheerful society, a good ventilated sleeping apartment, exercise, &c. When the patient or her friends can command proper medical advice it should be had as speedily as possible, as the obstruction is sometimes caused by mechanical impediment which can be removed only by surgical means. Where this cannot be had, however, the patient will do well to take our ordinary preparation of FEMALE CORRECTIVE POWDER. It is a medicine exceedingly efficient in all ordinary cases and is used with great advantage generally. It will be also necessary to attend to the state of the stomach and bowels; but this has not been overlooked. (See "Female Corrective Powder," and "Female Corrective Pills," in list of medicines in the dedicatory part of the work.)

## IRREGULAR MENSTRUATION

Belongs to an "irregular" condition of the system which will be marked by symptoms similar in many respects to the last. It must be removed by proper Hygienic and Medical means. The same general considerations and the same appliances are required as in the

other. Get proper medical advice, however, if possible. If this cannot be done, treat it in every way as "retention of the menses, or green sickness."

### SUPPRESSION OR STOPPAGE OF THE MENSES.

Should the monthly courses not appear at their proper times, and if their cessation has not been caused through sexual intercourse or age, there will be reason to suspect something constitutionally wrong, which, however, may right itself, or if it does not, the symptoms of disturbance will soon become manifest. Like the last, it may have symptoms in common with it, or may differ considerably; whatever they are, however, the *treatment* must be hygienically and *medically* the same.

The Powder and Pills recommended in the last two cases (in the absence of medical advice) will equally answer here. Restore regularity or order to the system and nature will do the rest.

### PAINFUL MENSTRUATION.

This is generally connected with a morbid irritable state of the nervous system. Hence the hysterical and excitable suffer most from it. It is more common in the matured or advanced periods of female life than in the younger, arising doubtless from perfectly natural causes, although in some instances it may be intensified or increased through some uterine or vaginal disease. All cases of this kind require proper medical supervision; in its absence, however, the general health should be attended to. Change of scenery, good society, and freedom from excitement are particularly necessary during the period, and attention to these should not be overlooked. In addition, presuming that proper medical advice cannot be had, the Powder and Pills as recommended in the other cases may be taken with equal advantage.

### EXCESSIVE MENSTRUATION.

This condition of the menses is generally the result of a delicate and relaxed condition of the system, and requires, like the other, proper medical supervision. Its causes are equally numerous, as well as those of which we have already spoken. In many cases it must be accepted as constitutional, as indeed many of the others should be. To those who are unacquainted with the *philosophy of disease*

or the nature of vital disturbance, it may seem strange to be told that different diseases (forms of disease) are to be removed by similar, and often by the same means. It is so, however; restore the body to its natural or normal state and the disease (disturbance) ceases.

Get for this, as for the cases already alluded to, proper medical advice if possible; if not, resort to the medicines named. In the present case, however, let the patient use our "Female Restorative Powder." This is a most efficient medicine, and one which we have used in our practice for years with great success. (See Female Restorative Powder in list of medicines, Dedication.)

## HYSTERICAL DISEASE, OR HYSTERICS.

This is a peculiar condition of nervous disease which requires to be well understood, and wherever practicable it should have proper and regular medical attention. Of its symptoms, we may say, they are pretty generally known, and need no description. Like menstrual irregularities, the sufferer requires *change, care, freedom from excitement, good society*, and proper medicine. That which we have always found highly beneficial is the "Anti-spasmodic Powder," and "Patent Nurotine or Anti-spasmodic Tincture."

As general family medicines they are most effective, and accomplish their purpose better than anything that has hitherto been introduced into domestic treatment, and one of the great advantages of all our preparations is that they are perfectly simple and harmless as food.

## MORNING SICKNESS.

This is very common with child-bearing women, and arises from the sympathy between the womb and stomach. Attention should be paid to diet. The "Patent Dandelion Coffee," should be taken for breakfast instead of the ordinary coffee; or a little weak Composition tea made with equal parts of boiling water and milk, sweetened with lump sugar. New bread, and butter, should be avoided; muffins, crumpets, hot cakes, and fatty matters generally. Our "Patent Gestatory and Parturient Food" will be found exceedingly useful and very nourishing. As a medicine, the "Patent Anti-spasmodic Tincture" is most efficient. (See list of medicines, &c.)

### COSTIVENESS.

This is often connected with pregnancy, and should be attended to. Use baked or boiled apples, pears, prunes, figs, &c.; and if necessary (that is to say if the constipation is seated in the lower bowel, and refuses to yield to diet) use the enema or injection-pump. Two teaspoonfuls of our "Patent Gestatory or Parturient Food," mixed with half-a-pint of warm milk and water, and thrown into the bowels, will afford relief at any time. Our "Patent Family Pills," if the patient is free from piles, may be taken with perfect safety occasionally; they are simple, harmless, and very effective.

### HEARTBURN, WATER-BRASH, PAIN, FLATULENCY AND WIND ON THE STOMACH.

These symptoms are very common with many child-bearing women, and require Dietetic and Hygienic management as well as proper medicine. New bread, butter, broths, and fatty matters should be avoided. A little good wholesome animal food, free from fat, may be taken. Bread, well-baked and a day or two old; a little preserve or treacle on it is preferable to butter, or a little cold tender corned beef. As a breakfast beverage use the "Patent Dandelion Coffee," or weak Composition tea, made with equal parts of milk and water sweetened with lump sugar.

The two grain "Gestatory Pills" (see Index) are a most excellent remedy for all the above symptoms, and will not only give relief but greatly strengthen the system.

### SUPPRESSION OF URINE, WITH PAIN AND INFLAMMATION OF THE BLADDER.

Take two of the "Renal Pills;" get our compressed diuretic herbs, make a tea, and drink hot at bed time, according to the directions on each packet. Take also the "Patent Gestatory, or Parturient Food," freely.

### PALPITATION OF THE HEART, SPASMS, TOOTH-ACHE, HEAD-ACHE, AND TIC-DOLOREUX.

Take two of our "Patent Family Pills" at bed-time, and from a quarter to half a teaspoonful of the Antispasmodic Tincture three or four times a day in half a teaspoonful of hot water, sweetened.

### BLIND, AND BLEEDING PILES.

Use the "Patent Gestatory or Digestive Food," freely, and take from a half to a teaspoonful of the "Pile Powder," prepared in a teacupful of boiling water, sweetened with lump sugar; let the powder settle, throw away the sediment, and drink the liquid three times a day.

Foment the parts externally, if necessary, with a decoction of Yarrow, night and morning, and apply our "Patent Cetaceum, or All-healing Ointment." If the bowels are confined, eat prunes, boiled pears, apples, &c.

### INFLAMMATORY, OR PAINFUL HARD BREASTS.

Apply a poultice of Slippery Elm, hot, between two cloths, at bed-time; take weak Composition tea freely, attend to the bowels, rub in a little of the "Patent Cetaceum or All-healing Ointment" by day, and keep the breasts warm.

There will be no necessity for further enlarging our category of the ailments under which very many *parturient* or *pregnant* women suffer, and simply for the reason that where others occur more severe in their character, proper medical attention will be necessary. Those enumerated may be relieved or mitigated by domestic treatment, and on this account we have introduced them. Many women, however, although capable of conception are nevertheless incapable of going their full time, and consequently suffer from

### ABORTION, MISCARRIAGE, AND PREMATURE LABOUR.

These terms express different shades of the same event: that is to say, if after conception anything occurs to arrest the development of the fœtus, Nature in this, as with every other excrescence, throws it off. By *Abortion* and *Miscarriage* we mean where the expulsion of the fœtus takes place before the time of quickening. Some writers restrict "miscarriage" to the first six weeks, and "abortion" to any time after that up to the period of fœtal life. After this, if it occur before the expiration of the full term of gestation, that is to say before nine calendar months, or forty weeks, it is called "premature labour."

The causes of this are numerous. Frights, blows, *accidents*, over-reaching, fevers, inflammations, strong

purgative, emmenagogue, or medicines of any kind that weaken the body or affect the blood. The most prolific cause, however, is the general condition or weakness of the system. Our advice to those who desire to have children, but who, after conception, are incapable of sustaining and nourishing the fœtus to the full term of gestation, is to seek proper medical attention; but be careful in your choice, for often the means taken to prevent are provocative in accelerating it. Avoid pills of every kind, and other medicines, unless you know what you are taking, or understand the practice you are under.

Our "Female Restorative Powder," "Composition Powder," made with equal parts of milk and water, sweetened, the "Patent Gestatory, or Parturient Food," and "Dandelion Coffee" are all good as medicines, and by their use we have seen many a woman who had always been liable to "abort" carried safely through, and bless her husband with children. These medicines, with proper attention to hygiene and diet, will do wonders; still our advice is, seek *proper medical aid* if you can afford it, for there are often causes which lie deeper than the surface and which none but a skilful experienced medical man can detect. This, which is the PREVENTIVE or *prohylactic* treatment, is of very great importance. For immediate treatment see next chapter.

Besides the diseases named as accompanying *gestation* or *pregnancy* there are others connected either with labour or after it, of which we shall now briefly speak.

## HYSTERIA AND CONVULSIONS.

These distressing forms of disease, arising from a disturbed condition of the nervous system, sometimes accompany labour. If the stomach, bowels, and bladder are attended to, however, the room properly ventilated, and the circulation properly sustained, they will rarely or never occur. The treatment in addition to the recommendations above, is cold vinegar cloths to the head, warm fomentations of hops over the abdomen, and the "Anti-spasmodic Powder," and "Patent Neurotine." (See "Medicine," in Dedication.)

## AFTER-PAINS.

We have already stated that these "pains" are caused by the "contraction of the womb" after labour. There is no-

thing to do but simply to attend to the system generally. Fomentations as recommended in the last, and weak Composition tea, will generally give relief. It is rarely necessary to use the fomentations if the circulation is attended to.

### EXCESSIVE FLOW OF THE LOCHIA.

After labour there is generally a flow of mucous mixed with blood, for four or five days; this is expected however, as the result of the gradual contraction of the *uterus* and blood-vessels. In some delicate patients where the circulation and system generally have been neglected or improperly managed during delivery, it becomes excessive, and if not arrested may lead to serious results. An enema or injection of our "Parturient or Digestive Food," with a teaspoonful of Bistort Powder mixed with it, has an excellent effect. In addition, give the "Female Restorative Powder" freely.

### MILK FEVER.

This is caused by cold, either during labour or immediately after it. The lacteal or milk secretion instead of permeating through the vessels of the breast, in consequence of the inflammation set up, is thrown in upon the system, inducing the symptoms connected with fever generally; that is to say, RESTLESSNESS, SHIVERING, NAUSEA, PAINS IN THE HEAD AND BACK, THIRST, HEAT, COLD, &c.

It rarely occurs under proper management. The treatment here is similar to the others. All disease is obstruction; equalise the circulation and you remove the cause. The child should be applied to the breast from twelve to fourteen hours after labour; weak Composition tea should be used freely, and the requirements of nature attended to. The treatment which prevents the disease will also cure it.

### INFLAMED OR BROKEN BREASTS.

There is nothing more distressing than the above. It is caused, as the last, by "cold." *Consider what the breasts have to do*, and then think of the importance of understanding the *blood*. Should they feel painful and hard, make sure there is something wrong, and attend to them at once. *Foment* with strong Chamomile infusion

morning and noon, after which rub them gently with a little cold drawn linseed oil; and wrap them up warm, and at night (the last thing) foment again, then apply a poultice of *Slippery Elm* between two cloths as hot as it can comfortably be borne. Do this, drink freely of weak Composition tea, attend to the body generally, and you will prevent them from breaking. The "blood," which is the great agent of "life," is by this practice carried through the obstruction and the suppuration or partial death of the breasts is arrested.

Should the breasts break, however, the following treatment will answer every purpose. Poultice with Slippery Elm until they heal. Never suffer the *lancet* to be used. Remember, in fact, that the healing power is in the blood; renew and circulate it through the diseased parts, and they will get well by the same law that they became bad, because they cannot help it.

### EXCORIATED OR SORE NIPPLES.

Wash them morning, noon and night with warm milk; after which apply the "Traumatic or Wound Balsam" upon soft cotton lint, wet with the same, and cover with a nipple shield. No treatment is so effective as this. The child may take each breast, alternately: if both are bad, treat one at a time in turn between the suckling.

### DEFICIENCY OF MILK.

Use weak Composition tea by day, attend to the system generally, take half a pint of strong apple or pear tea, sweetened with lump sugar. Make it as follows:— Cut up two or three small and thin, pour boiling water on them, strain when cold, add the sugar, make it hot again, now add a little grated nutmeg and drink upon going to bed.

### EXCESSIVE FLOW OF MILK.

Attend to the system generally, and draw off, through the aid of the nipple-glass, the superabundant supply.

### PUERPERAL OR CHILD-BED FEVER.

This disease is more common in maternity hospitals than elsewhere. It is most distressing wherever it

occurs, and should such a case transpire, treat it as *typhus fever* (see "Family Medical Adviser"), or call in other aid at once. Bad ventilation, contagion, cold, retention of the placenta, either wholly or part, arrest of the lochial discharge, &c. &c., are doubtless its principal causes. It generally comes on within forty-eight hours or three days after delivery, and proves fatal rapidly.

### MILK LEG, OR PHLEGMASIA DOLENS.

This disease is caused through cold or obstruction, and in general follows within a few days after labour. It is *phlegmonous* or inflammatory in its character, and generally attacks one of the lower extremities, although in some cases it attacks both; extending not only to the legs, but even to the upper part of the thighs and groin. It is marked by a firm glossy elastic appearance, of a white colour, accompanied with swelling, pain, heaviness or weight of the limb, and debility. Treat it as obstruction and fever generally; that is to say, call up the circulation of the blood, and remember that disease is a "unit." Use weak Composition tea by day, freely; at bed-time half a pint or more of tea made from the Diuretic Powder should be taken. Hot fomentations of Chamomile should be used for the feet and legs, also at bed-time every other night at least, after which friction with the warm hand should be applied for several minutes. The system generally must be attended to. There is no difficulty in understanding the disease, nor in knowing what is necessary to be done. The cellular tissue of the lower extremity or parts affected are filled with a *lacteal or milk coagulum* in consequence of the obstruction of the general and capillary circulation, and in order to dissolve and remove this, it is necessary to carry the life-giving fluid again through the obstructed parts. Restore the balance, in fact, and put the body into a condition to sustain it, and the work is done. They who understand this simple but truthful philosophy and attend to it, rarely suffer from the consequences which follow the practice of those who do not understand it.

### PROLAPSUS UTERI, OR FALLING OF THE WOMB.

There are many causes for this distressing complaint, and whoever suffers from it should lose no time in seek*ing proper* medical aid; for the longer it continues the

worse it necessarily grows. Women in a delicate state of health who have been badly managed in labour, or who have been subject to miscarriages, generally suffer from it, although it may arise from straining the body, or falling, lifting or carrying heavy weights. The symptoms are, a sense of weight and bearing down, with pains in the back, loins, and uterus. Sometimes the womb prolapses to such an extent as to fill up the *vagina*, and even obtrude like an egg below the *vulva*. As we have already said, seek advice as soon as the symptoms are discovered; nor on any account tamper with it, for it can rarely be treated domestically. *Surgical* as well as *medical* aid is generally necessary. We have known many women neglect it until it was beyond the reach of removal, and consequently have been compelled to endure a life of suffering that might have been easily prevented.

### INFLAMMATION OF THE WOMB.

This must be treated by fomentations, like all other inflammation, and *clysters* or *enemas* of our "Parturient or Digestive Food." The bowels must be attended to, and in addition to the use of the "Parturient Food" as an enema, it may be taken into the stomach. Its demulcent and soothing effect surpass every other remedy, and the sympathy between the *womb and stomach* may be well understood by reference to "morning sickness." Keep your patient quiet, foment the lower part of the abdomen with Chamomile or Hops, and you will do all that is necessary.

### INFLAMMATION OF THE BLADDER.

Treat this as the last; it may be known by the extreme pain and difficulty in making water; and never forget the "circulation" in every case throughout your whole practice, and you will rarely need to treat the diseases described; and that simply because the majority of them grow out of the want of that attention which you are expected to give, and which if given will prevent them.

There are diseases such as polypus, tumours, abscesses, &c., and besides these others of a more malignant character; but as they do not come within the reach of domestic treatment, it is unnecessary to do more than name them.

LEUCORRHŒA, OR WHITES.

Use the Restorative Powder, freely, and attend to the system generally.

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## CHAPTER XVI.

### HYGIENE AND MEDICINE.

THE word "hygiene" simply means the laws relating to health; and in the present instance is intended to represent the idea as applicable to *pregnancy* and *labour:* its importance in every phase of life cannot be overestimated; but during these periods, the results will doubtless be in proportion to the attention received. A good healthy sleeping apartment, plain wholesome diet, cleanliness, pure air, attention to the skin, cheerful society, exercise, domestic comforts, and pleasing impressions, all tend to create a condition of body fitted for "replenishing life;" and every father and mother should understand and endeavour to realize this great desideratum at all times, but more particularly during gestation.

Where the hygienic conditions have been attended to, labour itself will be much more satisfactory in every way. In its application to this part of our subject, that is to say, *parturition* or labour, little need be done beyond simply pointing out the necessity of attention to *proper ventilation, temperature, cleanliness, and diet.*

Everything offensive should be removed from the room, and the window should be kept a little down from the top. It is understood by "temperature" that the room is to be kept comfortably warm. As regards "diet," of course it implies proper food, which may consist of anything light and nutritious; not that "food" is often required during actual labour, excepting in lingering cases.

Passing over, therefore, these matters, we may simply say that where the "labour" is natural and the woman in health, little or nothing is needed beyond, it may be, an ordinary cup of tea occasionally. If the labour is *lingering, tedious, difficult,* or "preternatural," then the patient must be supported, and here it is that MEDICAL TREATMENT as well as dietetic must be attended to.

Weak "Composition tea" acts both as food and medicine. It gently stimulates the system, and at the same time nourishes;—promotes the lubricative secretion, and assists the dilatation of the *os uteri*, or mouth of the womb. It is, therefore, invaluable, and no Midwife should be without it. Make it as follows:—Put a full teaspoonful of the powder into a quart jug, fill the jug with equal parts of boiling water and milk, sweeten well with lump sugar, let the powder settle, keep it covered up, hot, by the fire, and give it in wineglassful doses as freely as your patient can take it. This, or *Raspberry-leaf tea*, in turn, or both, may be used with the greatest advantage. The "Gestatory and Parturient Food," which is very nourishing, may be also used with advantage, or thin gruel if the patient prefer it. Those only who know experimentally the practice here laid down can appreciate it at its full value. In all cases, therefore, that come under the head of "difficult" this is the treatment. Of course it is understood that the requirements of nature are to be attended to. In our own experience we have rarely had occasion to use the *enema* for the *bowels*, or the *catheter* for the *water*, nor do we think they will often be required from the Midwife, for Nature does her work generally very well without them; still it may be necessary in *very lingering cases*. We therefore recommend the Midwife to have them with her in case they should be needed.

Presuming then that the bowels have been relieved naturally, previous to labour, and the bladder emptied, the Midwife will see in all lingering cases that Nature acts at regular periods; or if not, she will understand the necessity of assisting her; for if the bladder and lower bowel become distended and are incapable of relieving themselves, serious consequences may arise as the fœtus is expelled. The bladder may rupture and the delivery be greatly impeded.

The practice here recommended is that which we have followed with the greatest success, and we recommend it because of its simplicity and power in the worst cases. In very "lingering" and "preternatural" *labours*, it obviates the use of poisonous medicines and mechanical contrivances too often used, to the injury or loss of the mother or child, and renders the use of chloroform, ergot, opium, and dangerous medicines of every kind unnecessary. It also obviates the employment

of alcoholic stimulants, which are often productive of much mischief.

In cases of exhaustion, where the *uterus*, for instance, from sheer inability can put forth no further effort, and where the child or mother or both may die for the want of such aid; here it is that science and reason come to our assistance. In such cases let the *Midwife* administer a teaspoonful of our "Parturient Tincture," in a little hot Raspberry-leaf tea, every fifteen or twenty minutes; this will call up a reaction, and effect the delivery. Generally the first two teaspoonfuls do all that is required; if it does not, as much as four may be given during the hour, not more. It is only after the membranes have ruptured, and when the *uterus* is fully dilated that the "Tincture" should be given; this should be borne in mind. Presuming the worst however, seeing that we are pitting our experience against the practice of Professional fashion, let us look both of the propositions fairly in the face. We examine our "forceps" and estimate the condition of the *uterus*. The circumference of ours, which is "Dr. Hopkins' improved," we find, when firmly locked, measure full ten inches. In order to effectually pass one part (the left) the *uterus* must be sufficiently dilated; this done, we pass the other (the right). If we now lock the instrument and extract the fœtus, the force used must be in proportion to the size and condition of the parts; we must have ten inches of space, if not they must either yield to the force employed or rupture in proportion. Do the parts yield? If so we shall succeed in effecting the delivery without injury; if not, and we are compelled to use force, the parts give way, and we either rupture the *cervix uteri*, neck of the *uterus*, or *perinæum*, or both. In either case where are we? If there be room for the "forceps" the Midwife can effect the same by *manipulation*. We measure her two hands placed together, curved, and find them in this form to resemble the locked "forceps" and to measure about the same in circumference. Can she not introduce her left hand with as much ease or easier than we can introduce the left blade of our improved "forceps?" And can she not introduce her right hand equally easy? It seems almost preposterous to ask these questions. She can do it with as much or more ease if the parts are dilated; and if not, how much

more reasonable is it to suppose that they will yield to the gentle and regular pressure of flesh and blood, than to the violence of mechanical force. Enough, however,—we shall reason no further; the time has arrived for testing our views by experience, and we proffer them alike to the Profession and Women of England; let them be tried by the latter against the present practice of the former, and the saving of life will be in proportion to its superiority. Upon this we rest our claim, and are content to wait the result which the FUTURE MUST AND WILL DECIDE.

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## CHAPTER XVII.

### REMARKS ON THE EMPLOYMENT OF INSTRUMENTS.

IT will be seen from the remarks already made upon the "forceps" what our views really are regarding them. Some writers speak of the injuries too often inflicted upon women as the result of their "abuse." It is, say they, the "abuse" not the "use" of the forceps that does the mischief. We say positively that they are of no "use" whatever, and that the "abuse" lies in their "use," as it does in every "fashionable" habit that is mischievous. Every prudent, experienced accoucheur knows that the parts must be properly or sufficiently dilated before the forceps can be introduced, and this fact is sufficient to prove their inutility; for wherever steel, ten inches in circumference can be made to pass with the head of a fœtus of the same or even larger dimensions, in its hard unyielding grasp, the Midwife's hands can equally pass. We call attention to this self-evident proposition, and invite the consideration of all thoughtful and practical men and women to the fact, for really the forceps have grown to such a professional rage that reason and humanity, with many, have but little influence in the matter.

We are speaking now simply of the forceps; there are other instruments, however, but these are not so fashionable, still they are used occasionally. The VECTIS, for instance, which is a kind of half forcep, used as a lever to assist the head when compacted in the pelvis, from any false position, or in place of the forceps

where the latter may not be thought necessary. There is also the "blunt hook" used to bring down the arms or legs in "preternatural" or false positions. Not one of these is necessary; on the contrary, they are bad in the most skilful hands,—terribly mischievous; and therefore we condemn their use. There may be cases in which they are needed, say some timid men who have never trusted, nor helped Nature, nor seen what she can do; but we speak from experience, after having worked the subject out, and say, fearlessly, *they are of no use whatever.* If we are wrong, let some one of our professional brethren kindly show where, by bringing us to the bedside of the patient; we will gladly avail ourselves of the opportunity, and thank him for having given the proof. No! neither FORCEPS, VECTIS, BLUNT HOOK, nor other instrument has any place in this part of our philosophy.

In extremely contracted or deformed pelvis, hydrocephalis (enlarged head, with water) monster cases, or other abnormal conditions, it is doubtless necessary to perform *craniotomy,* that is to say, perforate the head of the *fœtus,* crush the bones, and extract them in parts; or it may be to separate the fœtus and extract it; or even to perform the Cæsarian operation (extract the fœtus from the abdomen). We say, under these conditions it cannot be otherwise; but in no case where the head and fœtus are normal, or the pelvis sufficiently roomy is instrumental interference necessary.

(For full information regarding medicines and their uses, see Dedication.)

FINIS.

ERRATA.

Page 28, line 28 from the top, for posperity read posterity.

Page 36, line 11 from the top, for see page 10, see page 34.

Page 96, line 22 from top, for "Nurotine" read "Neurotine."

The reader will please make the alterations at once with the pen.